



_____ (YEAR) MEMBERSHIP APPLICATION

I. Membership Information

Please enter all information (names, unit, etc.) as you want it listed in the SCFE directory

Name: _____ Birthday: (MM/DD) _____ / _____

Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Alternate Phone: _____

Spouse's first name: _____ Unit: _____ Retired

I am a new member: Yes No Membership Type: Full Member Associate Member

I would like to volunteer for the following SFCE position(s): Board Member Event Volunteer

Activity Club Leader Whistle Stop Thrift Store Volunteer SCFE Committee Member

II. Membership Fee

This includes electronic SCFE Directory and updates, subscription to the electronically delivered SCFE Roundabout magazine, and invitation to all events

Annual Membership Fee: \$20 (July to June)

Half Year Dues \$10 (January to June)

Associate Membership Fee \$15

Half Year Associate Membership Dues \$7.50 (Jan-June)

(subject to conditions as explained in SCFE by-laws)

III. Membership Policies

By initialing, I have acknowledged and I agree to the following:

_____ I understand that if I do not cancel my reservations within 72 hours prior to the luncheon or event, then I am responsible for full payment. Email: SCFEReservations@gmail.com

_____ I agree to abide by the policy for all published reservation luncheons and special events.

_____ I understand that a returned check fee of \$25 plus the face value of the check will be charged on all returned checks

_____ I agree that SCFE may publish my information in the SCFE directory.

_____ I agree that SCFE may publish my photograph on SCFE webpages and social media accounts.

_____ I agree to read the current SCFE Constitution and By-Laws.

The SCFE reserves the right to use your name, likeness, work, and/or bibliographical identification for publicizing and promoting SCFE.

_____ *I have been informed of my rights and member responsibility pertaining to financial obligation when no insurance has been obtained and/or in the event SCFE is dissolved with remaining debt.*

By signing this form, I agree to the terms and conditions of this event's agreement and accept the SCFE Constitution and Bylaws.

Signature _____ Date _____

Membership is valid from July to June for full year.

Mail to: SCFE Membership: P.O. Box 4711 Fort Eustis, Virginia 23604 or register online at www.scfeva.com

Please make checks payable to Spouses' Club of Fort Eustis

For questions and inquiries, please contact the Membership Chair at scfemembership@gmail.com

FOR MEMBERSHIP CHAIR ONLY	
Date Received: _____	Cash, PayPal or Check # _____
Input to database: _____	Input to Directory: _____
SCFE Roundabout: _____	Update received: _____
Pin: _____	