

APPLICATION FOR **NEW** SCMVCC  
**MEMBERSHIP**  
DUES ARE \$20 PER YEAR  
DO NOT SEND THIS FORM FOR RENEWALS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

VEHICLE OWNED \_\_\_\_\_ Year \_\_\_\_\_

*Note: Vehicle ownership is not required for membership*

**TELEPHONE(S) HOME** \_\_\_\_\_

**CELL** \_\_\_\_\_

**WORK** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Make checks payable to SCMVCC and mail to:**  
**Treasurer**  
**P.O. Box 614**  
**Nuevo, California 92567**