



DUES: \$10 per person
PAYABLE: SCS Social Club
DROP OFF OR MAIL TO: SCS Treasurer
 10112 Folsom
 LV, NV 89134

MEMBERSHIP REQUEST

Date: _____

LAST NAME			
FIRST NAME			
ADDRESS			
PHONE	HOME:	MOBILE:	
EMAIL			
SCSCAI NO.		BIRTH MONTH:	BIRTH DAY:

LAST NAME			
FIRST NAME			
ADDRESS			
PHONE	HOME:	MOBILE:	
EMAIL			
SCSCAI NO.		BIRTH MONTH:	BIRTH DAY:

- Check to exclude your phone number from the Membership Directory
- Check to exclude your home address from the Membership Directory
- Check that you give photo release consent as follows: I hereby give SCSCAI consent to photograph/videotape/record my image and/or voice to be used in The Link, club websites, bulletin & electronic boards, and public television. I understand that no compensation will be provided and that I may not be informed in advance of the specific use of my image

(the language above is a requirement of Sun City Summerlin Community Association, Inc)