



DUES: \$10 per person
PAYABLE: SCS Social Club
DROP OFF OR MAIL: SCS Treasurer
 9512 Salem Hills Ct
 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)