SUN CITY GRAND SINGLES CLUB
2010 MEMBERSHIP FORM

Last name: _____ First Name: _____ SCG Assn. No_____
(Required)

Check one: New member _____ Renewing member _____

Address: _____ Neighborhood: _____
Street Zip Code (Required)

Home Phone: _____ Cell Phone: _____ E-mail: _____

Birthday: Mo/Day: _____ My interests/hobbies: _____

I would like to volunteer to: (Check as many as you like)

___ Set-up before events

___ Clean-up after events

___ Deliver event supplies

___ Greeter at event

___ Phone contact team

___ Host a monthly party

___ Host other social events

___ Ticket taker at event

EMERGENCY CONTACT INFORMATION

*Please note: This request is for optional information to be used **ONLY** in an **EMERGENCY**. If you wish to provide this information, be assured it will remain **CONFIDENTIAL**.*

1ST Contact: _____ Relationship: _____ Phone: _____

2nd Contact: _____ Relationship: _____ Phone: _____

Physician Name: _____ Phone: _____

Health Insurance Co: _____ Phone: _____

I AM ENCLOSING PAYMENT FOR:

___ Dues - $20.00 ___ Name Badge - $6.00 Total enclosed: _____

Please make check payable to SCG Singles and send form and payment to:

Lorrie Schaut
16239 W. Starry Sky Dr.
Surprise, AZ 85374
623-975-9919

Renewing members from 2009 please submit form and payment by February 1, 2010