

## SCA Billiards Club Membership Application

*The information you provide on the form is for the sole use of the SCA Billiards Club and its Board of Directors*

PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION

Application to the SCA Billiards Club for: (Check One)  New or  Renewal Membership

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCA Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SCA Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_-\_\_\_\_ Home Phone: \_\_\_\_-\_\_\_\_ Publish C: ( ) H: ( )

*(Check C for cell or H for Home for the phone number to be published in the Flight Standings)*

Emergency Contact Numbers: Cell Phone \_\_\_\_-\_\_\_\_ Other Phone: \_\_\_\_-\_\_\_\_

Applicant's Name: *(Please Print Clearly)* \_\_\_\_\_

Applicant's Signature: *(Please Print Clearly)* \_\_\_\_\_

Please attach cash or check made payable to SCA Billiards Club for \$10.00 dues

**Put payment and completed application in the envelope and DEPOSIT IN THE SCA BILLIARDS mailbox located in the Independence Center Lobby.**

**For office use only**

Assigned Flight: \_\_\_\_\_ Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Officer Entering: \_\_\_\_\_ Applicant Emailed Receipt: \_\_\_\_/\_\_\_\_/\_\_\_\_