SHINGLE SPRINGS COMMUNITY CENTER

MEMBERSHIP APPLICATION

Membership Year is July 1, 2016 – June 30, 2017 Date: _____

Check one: New Application ____ Renewal ____

Membership Type (check one) Family ____ Number in family _____

Business ____

Last Name: _____ First Name: _____

Spouse's Name: _____

Business Name: _____

Mailing Address: _____

_____

Telephone: _____ Email: _____

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Contact Preference for newsletter, upcoming events, etc., Check one: Email _____ Mail _____

Are you willing to volunteer with Community Center events? Yes _____ No _____

Are you willing to volunteer with Community Center maintenance? Yes _____ No _____

If yes, in what capacity? _____

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Family Membership - $20.00 Includes: $25.00 discount on full day Center rentals

Business Membership - $50.00 Includes: $25.00 discount on full day Center rentals

Request your business link on our website!

Method of payment: Cash ____ Check ____ Check # _____ Money Order ____

Make checks payable to: **Shingle Springs Community Center**

Mail to: **P.O Box 11**

Shingle Springs, Ca. 95682

Contact number: (530) 672-7422