

SCVQA MEMBERSHIP FORM

October 2011-September 2012

Renewal **New Member** circle one

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number(including area code) _____

Email _____

Website (Affiliates Only) _____

Membership Type (select one):

- | | |
|---|------|
| <input type="checkbox"/> Regular member-newsletter delivered electronically | \$30 |
| <input type="checkbox"/> Regular member - with email -printed newsletter by USPS | \$50 |
| <input type="checkbox"/> Regular member- without email -printed newsletter by USPS | \$30 |
| <input type="checkbox"/> Affiliate Member -newsletter delivered electronically | \$45 |
| <input type="checkbox"/> Newsletter Subscription only | \$20 |

Cost

Amount Enclosed

TOTAL

Roster Options (select one)

- Paper copy (to be distributed at January meeting)
 Emailed Copy (to be sent in December)

cash
check # _____

Mail to SCVQA

Attn: Membership

P.O. Box 792

Campbell,CA 95009