

DATE: _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____



MEMBERSHIP APPLICATION

TYPES OF MEMBERSHIP:

_____ **3 YEAR SCI NATIONAL & TEXAS HILL COUNTRY MEMBERSHIP (\$150 + \$50 = \$200)**

_____ **3 YEAR SCI NATIONAL DIGITAL MEMBERSHIP (on-line publications only) & TEXAS HILL COUNTRY MEMBERSHIP (\$90 + \$50 = \$140)**

_____ **ONE YEAR SCI NATIONAL & TEXAS HILL COUNTRY MEMBERSHIP (\$65 + \$20 = \$85/year)**

_____ **ONE YEAR SCI NATIONAL DIGITAL MEMBERSHIP (on-line publications only) & TEXAS HILL COUNTRY MEMBERSHIP (\$35 + \$20 = \$55/year)**

_____ **ALREADY SCI NATIONAL MEMBER? – TEXAS HILL COUNTRY MEMBERSHIP \$20/YEAR**

(Please include SCI National membership number: # _____)

_____ **PLEASE NAME TEXAS HILL COUNTRY MY PRIMARY CHAPTER WITH SCI**

_____ **LIFE MEMBERSHIP SCI NATIONAL \$1,500**

_____ **LIFE MEMBERSHIP TEXAS HILL COUNTRY CHAPTER \$500 (must be life member of SCI National)**

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PAYMENT BY CREDIT CARD OR CHECK – Make Check Payable to SCI

CREDIT CARD (please circle) VISA MASTERCARD AMERICAN EXPRESS

ACCOUNT NUMBER _____ **EXP DATE:** _____

Name on Card: _____ **SIGNATURE:** _____

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PLEASE RETURN FORM TO:

THCC MEMBERSHIP

PO Box 291191, Kerrville, TX 78029

PHONE: 830-928-4344 Email: thcc.sci@gmail.com