

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

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

CREDIT CARD (please circle) VISA MASTERCARD AMERICAN EXPRESS

ACCOUNT NUMBER _____

EXP DATE _____ CVV NUMBER _____

Name on Card: _____ SIGNATURE: _____

PLEASE RETURN FORM TO:

SCI MEMBERSHIP

4800 West Gates Pass Rd, Tucson, AZ 85745

PHONE: 888-486-8724 E-MAIL: membership@safariclub.org