MEMBERSHIP APPLICATION

☐ New ☐Renewal Mr/Mrs/Ms/Miss/Mr & Mrs (circle one) Date_____

Name_____Co-Members's Name_____

Address_____

Telephone(Daytime)_____(Evening)_____Email_____

☐$20 Individual ☐$25 Two people @ same address ☐$30 and up contributing member

☐$8 Connections Additonal year ☐$10 Connections **Only**

Please make checks payable to SCCHGS and Mail to SCCHGS, 2635 Homestead Rd, Santa Clara CA 95051

Your level of experience: ☐Beginner ☐Intermediate ☐Old Pro: _____Years

A volunteer society survives on volunteers. Will you help? ☐Yes ☐ No If yes, what are your special skills?

☐Management ☐Bookkeeping ☐Library Skills ☐Publicity ☐Computer Skills ☐Other:_____

WEB----------For SCCHGS use only. Do not mark below this line----------

NUM	AMT	DOC	EXP	CNX	MEM	DAT	FIN	VOL	MEM