



**Member 1**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Rec Card # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email; \_\_\_\_\_

SCW Address;; \_\_\_\_\_, Sunc City West, AZ 85375

Would you like your birthday/anniversary recognized by the club? If so dates:

\_\_\_\_\_

**Member 2**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Rec Card # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email; \_\_\_\_\_

SCW Address: \_\_\_\_\_, Sunc City West, AZ 85375

Would you like your birthday/anniversary recognized by the club? If so dates:

\_\_\_\_\_

DUES: \$10 /per person/year

Make checks payable to SCW LGBT Club

Mail checks to SCW REC, 19803 RH Johnson Blvd, Sun City West, AZ 85375



Zelle (QR Code) payment

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**To be completed by Membership Chair**

Date received; \_\_\_\_\_

Amount received: \_\_\_\_\_

Cash  or Check  # \_\_\_\_\_