Santa Clarita Casting Club Application for Membership

This application should be submitted to any member of the Board of Directors or mailed to the following address:

Santa Clarita Casting Club

Santa Clarita Casting Club 27082 Rio Pecos Drive Valencia, CA 91354 661-633-3460

Attention: Membership Secretary

Please print legibly			
NAME:		SPOUSE'S NAME:	
ADDRESS:		CITY:	ZIP:
HOME PHONE:		BUSINESS PHONE:	
EMAIL ADDRESS:		OCCUPATION:	·····
How did you learn about th	e club?		
CLASSES OF MEMBERS	HIP & FEES		
Junior Membership Youth 17 & under Associate Membership Adult living more than 50 mile		mber of children 17 & under, at s an 50 miles away or physically in apon membership signup	\$8 npaired \$22,50
Dues for applicants elected to m	embership after January 1 and	before March 31 are considered paid	l for the following membership year.
	ACTIVE & JUI	NIOR APPLICATIONS	
Attached is my total remittance for \$ to membership in the Santa Clarita C	, which covers my dues of asting Club, I hereby agree to a	of \$ for the current year and my bide by the rules and the Constitution	initiation fee of \$10.00. If I am elected and Bylaws of the Club.
Signed:	Signed:Date:		
	JUNIOR A	PLICANTS ONLY	
As a Junior member, 1 understand that my dues considered paid through the	at if I become 18 years of age b following March 31. No initia	efore April 1, I will immediately be to tion fee will be required.	ransferred to Active membership with
Signed: Date : Date of Birth:		Birth:	
	FAMILY MEME	ERSHIP APPLICANTS	
List the names of family member		g the date of birth for all junior m	nembers (17 & under).
	Make checks payable	to Santa Clarita Casting Club	
Application Received Approval Date Dues Initiation Fee			
Notification Letter	Membership Kit		Database
E-mail Address	Newsletter	Badge Number(s)	

Web site: www.santaclaritacastingclub.com e-mail: president@santaclaritacastingclub.com