



MEMBERSHIP APPLICATION (NEW MEMBERS)

(Please Type or Print Clearly)

National Member #: _____

Date: _____

Chapter Affiliation: _____

Name: _____ DOB: _____

Occupation: _____ Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Firm name: _____

Firm address: _____

*Preferred communication: Phone Fax Email

Would you be willing to serve as an officer or on a committee in this chapter? Please check one:

Yes () No () If yes, in what capacity would you like to serve? _____

Applicant Signature: _____

San Francisco Bay Area Chapter Dues Only\$45.00

San Francisco Bay Area Chapter and Safari Club International Dues\$90.00

Please return this form together with your check to:

San Francisco Bay Area Chapter – SCI

423 Broadway, #624

Millbrae, Ca 94030-1905

***** JOIN BY FAX *****

Fax to: San Francisco Bay Area Chapter – SCI at (650) 697-6538

() MasterCard () Visa () American Express Amount: \$_____.00

Card Number: _____ Expiration: ____/____/____

Name on card: _____ Phone: _____

***** SPACE BELOW FOR MEMBERSHIP COMMITTEE USE ONLY *****

Date: _____ Sponsor: _____

Approved: _____ Membership Date: _____
(Membership Committee)

Chapter Membership # _____ () Badge () Certificate