

# New Member and Renewal Application

Date: \_\_\_\_\_ **PLEASE PRINT (For Renewals: name and changed data only)**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## ***New Members Section***

***Requirements:*** Must be at least 50 years old and fully vaccinated for Covid19  
Proof of vaccination may be requested

Covid 19 Vaccination Status: \_\_\_\_\_  
(Which Vaccine and date completed)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current SCGA Member#: \_\_\_\_\_ Current Index: \_\_\_\_\_

New Members (first year fee)	\$70.00
Membership Renewal (until November 30)	\$60.00
Late Membership Renewal (after November 30)	\$70.00

Make your check payable to: ***Triple S Seniors***

Mail completed form and check to:

**George del Carmen**  
**15518 ILLORA DRIVE**  
**La Mirada, CA 90638**  
**(714) 458-2793**