

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

Requirement: Must be at least 50 years old

Date of Birth ____/____/____

Current SCGA Member#: _____ Current Index: _____

New Members (first year fee)	\$85.00
Membership Renewal (until November 30)	\$60.00
Late Membership Renewal (after November 30)	\$85.00

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