



Membership Application/Renewal

Name: First _____ **Last** _____

Address: _____

Cell Phone: _____

Email: _____

SCA Membership #: _____

New Member: _____ **Renewal:** _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Membership Fee: \$15

Check:

Cash:

**Please put check or cash in mailbox at Liberty Center.
Checks are payable to Sun City Anthem Community Association Inc.
www.pickleball.scaclub.org**