



Annual Membership Application/Donations

Name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

- | | | |
|--------------------------|---------------------------|----------|
| <input type="checkbox"/> | Individual Membership | \$25.00 |
| <input type="checkbox"/> | Organizational Membership | \$100.00 |
| <input type="checkbox"/> | Donation | \$ _____ |
| | Total | \$ _____ |

Date of Payment _____ Check# _____ Cash

New Member Renewal Membership

** Please make checks payable to SCALNC*



PO Box 648 • Montevallo, Alabama 35115