

# Membership Application



Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone : (    ) \_\_\_\_\_

Evening Phone: (    ) \_\_\_\_\_

Cellular Phone: (    ) \_\_\_\_\_

\$25.00 Member Annual membership

\$10.00 Youth Ages 1 – 16 Annual membership

\$15.00 Collegiate Full Time student at a regular educational institution

\$500.00 Life-Time Membership

In addition to my membership, I would like to donate \$ \_\_\_\_\_ to SEA-SA

Method of Payment: Cash Check Mastercard Visa American Express

Card Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mail to: SEA-SA

17460 IH-35 N, Ste 430

Box 324

Schertz, Tx 78154