

## Membership Registration Form

**Last Name:** \_\_\_\_\_ , **First Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

\_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_ (Online account will only be activated via a valid email)

**Preferred  
username for  
website:** \_\_\_\_\_

By signing below, I've understood the vision of SAYCSD and agreed to register as a member of SAYCSD.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_