



Membership Dues for Calendar Year 2024

REGISTRATION: Mail this completed registration form to SCT, 4101 SW 15 th St., Topeka, KS 66604 along with your check payable to SCT. Check this box if you are a new member, or if your information has changed	
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NAME(S) _____

ADDRESS _____ ZIP CODE PLEASE _____

PHONE # _____ EMAIL _____

PLACE OF WORSHIP _____

COMPLETED MEMBER PROFILE YES _____ NO _____

2024 Membership Dues _____ x \$30.00 = _____

Check Total = _____

Check Number _____

----- Cut along this line and keep the bottom portion for your receipt. -----

SHEPHERD'S CENTER OF TOPEKA

Membership Dues for **Calendar Year 2024**

Receipt

2024 Membership Dues _____ x \$30.00 = _____

Check Total = _____

Check Number _____

Date _____