



2025 - 2026

SCAS MEMBERSHIP APPLICATION

SCAS Annual Meeting – Durand VFW Hall, 932 N. Saginaw Street Durand MI
Sunday December 7, 2025

Name _____

Address _____

City, State & Zip _____

Phone Number _____ **Email** _____

email needed for renewals

Additional Names of person included in dues on the lines below (Additional Member must be 18 or older)

Total amount for **Membership dues** _____ x \$10 Ind _____ x \$15 Couple = \$_____
(DUES Must be received or postmarked by **Wednesday November 5, 2025** to vote in election)

(Make checks payable to SCAS) Total enclosed \$_____

Total number attending meeting: _____

(RSVP Must be received by 5 pm Tuesday November 25, 2025)

Send entire form and Make Checks payable to: **SCAS** * 2900 E. Hibbard Road * Corunna, MI 48817

Office Use Only - Date received in office _____ Cash - Credit Card - \$_____ Check - Check# _____ Initials _____