2026 - 2027

SCAS MEMBERSHIP APPLICATION

SCAS Annual Meeting – Corunna VFW Hall, 416 S Shiawassee, Corunna MI 48817
Monday November 23, 2026

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 **Friday October 23, 2026** to vote in election)

(Make checks payable to SCAS) Total enclosed $_____

Total number attending meeting: _____

(RSVP Must be received by 5 pm Monday November 2, 2026)

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_____