



SCPD Meditation Club Membership Form



Date: ____/____/____

Please check one:

____NEW MEMBER

____RENEWING MEMBER

Full Name:_____

Sun City Address:_____

Phone:_____

E-Mail:_____

(Your email is VERY important. Please PRINT email address CLEARLY)

Include check payable to **SCPD Meditation Club**.

AMOUNT:\$_____

(Annual dues are **\$20.00** for membership period from 7/1 through 6/30)

Deposit check and membership form in **Mailbox #41** at the Mountain View Clubhouse or mail to:

Sun City Palm Desert Meditation Club,
C/O Tammy Graham 37640 Breeze Way
Palm Desert, CA 92211

PLEASE indicate if you are able to help with any activities for the club:

____Registration

____Publicity

____Facilitating a class

____Graphic design

____Other