



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 Debbi Rase 78714 Putting Green Drive
 Palm Desert, CA 92211

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

Facilitating a session
 Registration
 Publicity
 Graphic design
 Other