

SISCRA Membership Application for the Year _____ (enter year)

Please print legibly and fill in all the blanks. SISCRA memberships expires on October 31st.

- | | |
|--|---|
| <input type="checkbox"/> Idaho Resident Single ---- \$10.00 | <input type="checkbox"/> Out-of-State Resident Single ---- \$20.00 |
| <input type="checkbox"/> Idaho Resident Couple --- \$20.00 | <input type="checkbox"/> Out-of-State Resident Couple --- \$40.00 |

(Must be 55 years of age to qualify for SISCRA's Membership)

Please print legibly and fill in all the blanks This SISCRA membership expires on October 31st .

First Name _____ Last Name _____ Date of Birth _____

Spouse Name _____ Last Name _____ Date of Birth _____

Mailing Address _____ E-Mail _____

Street Address (If different) _____

City _____ State _____ Zip _____ Date _____

Home Phone # _____ Cell Phone # _____

New memberships are required to provide proof of age and Idaho residency to qualify for the Idaho membership rate. You must provide a copy of your drivers license or a state ID card showing your date of birth and current address. Membership renewals do not need to provide proof of residency.

Give this form to a SISCRA Director or Employee or mail this form with dues payment and proof of residency to: SISCRA, Inc., P. O. Box 625, Donnelly, ID 83615

Form revised 05/25/12