NEW MEMBER APPLICATION

The following person has completed t	
(printed name)	(date of orientation hike)
(signature)	(Orientation Guide's signature)
(local street address)	(SCOV Unit/Lot no.) or (non-SCOV res.)
(city and ZIP code)	(email address)
(house telephone number)	(cell phone number)
	which will be provided at the conclusion of the vebsite under Documents and Forms, but you e completed the Orientation Hike.
	ecember 31 st . Dues paid in October, Novembe alendar year. Pay by check (only) made out).
SUBMITTAL OF APPLICATION: This completed Application, the signed Liabil delivered to the SCOVHC Treasurer:	ity Waiver and your check is to be mailed or
· · · · · · · · · · · · · · · · · · ·	unset Ridge Pl., Oro Valley 85755 C drop box in front of garage)
Treasurer's Record: Dues paid by check no B	ank
Check dated D	eate received