

https://www.chsyc.com

## **SYC MEMBERSHIP INFORMATION FORM**

(PLEASE PRINT; for verification of current member or processing of new member information)

| SPOUSE #1   | SPOUSE #2   |
|---|---|
| NAME: (Last, First):  | NAME: (Last, First):  |
| ADDRESS (Street/City/Zip):  |   |
| HOME PHONE:   | E-MAIL:   |
| CELL PHONE:   | CELL PHONE:   |
|   |   |
| OCCUPATION:   | OCCUPATION:   |
| EMERGENCY CONTACT NAME:   | EMERGENCY CONTACT PHONE NUMBER:   |
| NAMES & AGES of children living at home (under                              | age 25):  |
| 1.  | 4.  |
| 2.  | 5.  |
| 3.  | 6.  |
| MEMBER Annual Dues –  | MEMBERSHIP Initial Joining Fee –  |
| due annually regardless of Joining Fee status)                              | N/A – Returning Member (owes nothing)   |
| Family Dues <b>IN FULL</b> - \$450  | PAYMENT IN FULL – \$375 with initial dues   |
| Single/Individual Dues IN FULL - \$350                                      | ONE-YEAR PLAN – \$175 with initial dues +   |
| +MOS discount if a sid hafees ADDII 44                                      | \$100 by 6/1/24 + \$100 by 7/1/24  THREE-YEAR PLAN - \$175 with initial dues +            |
| *\$25 discount if paid before <b>APRIL 1</b> *                              | THREE-YEAR PLAN – \$175 with initial dues + \$125 with 2 <sup>nd</sup> year annual dues + |
|   | \$125 with 3 <sup>rd</sup> year annual dues   |
|   | MILITARY PLAN – \$100 with initial dues +   |
|   | \$100 per year until the membership fee is satisfied.                                     |
|   | (at least 1 spouse active USA or Allied Armed Force                                       |
| CVC DAVMENT   | *check 🗹 plan you are selecting*  |
| ANNUAL DUES: Family = \$450; Single = \$350                                 | must accompany this form  |
| *\$25 discount if paid in   | n full by <b>04/01</b> *  |
| INITIAL MEMBERSHIP FEE: \$375 or appropria                                  |   |
| GRANDPARENT/GRANDCHILD/BABYSI first and \$50 for each additional; BS = \$80 | TTER RIDER FEE: GP/GC = \$100 for \$  |
|   | customer service fee on card transactions) \$   |
|   |   |
| PAY E<br>□ VISA or □ MasterCard   | BY CREDIT CARD  * 4% customer service fee added to total*                                 |
|   | <u> </u>  |
| Name as it appears on card:   |   |
| Card Number:  | Digit Card Code:  |