



Sierra Vista Scenic Byway Association
P.O. Box 764, North Fork, CA 93643-0764
559-877-7779

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

E-MAIL ADDRESS: _____

CONTACT PERSON, if Business or Organization: _____

- _____ STUDENT: \$5
- _____ INDIVIDUAL: \$10
- _____ FAMILY: \$15
- _____ NON-PROFIT ORGANIZATION: \$50
- _____ BUSINESS: \$100

I support the efforts of the SIERRA VISTA SCENIC BYWAY ASSOCIATION in enhancing and promoting the Sierra Vista National Scenic Byway. In addition to the above membership dues, I am enclosing \$_____ to help the Association fund special projects to benefit visitors to the Sierra Vista National Scenic Byway.

Please make checks payable to

SIERRA VISTA SCENIC BYWAY ASSOCIATION.

Thank you!