



# SDCA Application/Renewal

## For 2008

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Pager:

Email Address:

Prefer to be contacted by: (circle)    Email    Phone    US Mail

Active In: (circle)    COPS    Rehab    CERT    Mounted Patrol

I am a new member

I am a current member

Please indicate if you are applying to be a new member of SDCA or you are a current member renewing your membership.

Membership Fees: \$10.00 If preferred contact is by email  
 \$20.00 If preferred contact is by phone or US Mail

Please remember to keep the association updated on any email, address or phone number changes.

Please give this completed form to the association secretary (Genny Hale) or you may mail this form with your check (made payable to SDCA) to:

SDCA  
 P.O. Box 93081  
 Southlake, TX 76092