



# SCA Membership Form

## Your Info

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Course/Major \_\_\_\_\_

Church  
Affiliation (if  
any) \_\_\_\_\_

## Your Interests

Fun Stuff \_\_\_\_\_

\_\_\_\_\_

Career Goal \_\_\_\_\_

Current Job \_\_\_\_\_

\_\_\_\_\_

Future  
Aspirations \_\_\_\_\_

\_\_\_\_\_