



Membership Form

Membership Year
June 1 — May 31

Name _____

Street _____

City _____

State _____ ZIP _____

Phone (_____) _____

E-mail _____

I opt for electronic version of Newsletter

Annual Dues: June 1 through May 31

Membership type:

- Individual \$25 \$ _____
- Full-time Student \$10 \$ _____
- Family \$35 \$ _____
- Patron \$50 \$ _____
- Life \$250 \$ _____

Other contributions:

- Laurence Newquist
Student Scholarship \$ _____
- Awards/prizes \$ _____

TOTAL ENCLOSED \$ _____

Make check payable to SCAN, Inc.; mail to

SCAN Membership Chair

P.O. Box 41

Newtown, CT 06470

Please check the activities or committees
you are willing to help with:

- Hospitality
- Show receiving
- Show sitting
- Other (specify) _____
- Publicity
- Membership
- Demonstrating