



## Somerville Community Corporation Membership Form

Yes! **I live and/or work in Somerville**, support SCC's work and want to be counted as a Member.

Name: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Primary SCC Staff Contact: \_\_\_\_\_

Prefer: \_\_\_ US Mail \_\_\_ Email \_\_\_ Both

Signed \_\_\_\_\_

*Thank you for joining SCC!*

Donation\* \$ \_\_\_\_\_ \*Thank you! Your donation is Tax deductible

For Office Use Only	SCC Membership Card
Staff Person:	_____ (Name)
Program/Event:	<i>Is a member of Somerville Community Corporation</i>
Date:	Member Since: _____ (Date)
Entered By/Date:	SCC • 337 Somerville Ave., 2 <sup>nd</sup> Floor, Somerville, MA 02143 • (617) 776- 5931 • <a href="http://www.somervillecdc.org">www.somervillecdc.org</a>