



SOUTH COAST RESIDENTS' ASSOCIATION
P.O. BOX 5672, DIANI BEACH, 80401, KENYA
chair@scra.co.ke Tel: 0711 360271 (Hon. Chair) | secretary@scra.co.ke Tel:
0725 934305 (Hon Sec) Website: www.scra-kenya.org

Personal/Household/Corporate Membership Application/Renewal Form

(PLEASE PRINT CLEARLY IN CAPITAL LETTERS AND RETURN TO THE SAFARILINK OFFICE)

I wish to join/renew membership of the SCRA and hereby enclose the Annual subscription amount as follows.

Personal - One vote per household (2,500/=) Household with additional voting rights (4,000/=)

Member Surname _____ Member First Name _____

Household Membership Only

Additional Member Surname(s) _____

Additional Member First Names _____

Postal Address _____

Town/Location _____ Postal Code _____

Telephone(s) _____

Primary E-Mail _____

Secondary E-Mail Household Membership Only _____

- Please help us reduce the amount of paper consumed by providing us with an email address. This address will be used exclusively to send you meeting minutes, communications and official SCRA newsletters from the SCRA Chair and/or Secretary. Your email will NOT be given out to any other parties without your prior written consent.

For Corporate Application, please see other side of sheet.



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Corporate Membership Application/Renewal Form

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My Business wishes to join/renew membership of the SCRA and hereby enclose the Annual subscription amount as follows.

Corporate Member (7,500/=)

Business/Company Name _____

Postal Address _____

Town/Location _____ **Postal Code** _____

Principle Member's Surname _____ **First Name** _____

Principle Member's Tel. Number _____ **E-Mail Address** _____

2nd. Member's Surname _____ **First Name** _____

2nd. Member Telephone Number _____ **E-Mail Address** _____

3rd. Member's Surname _____ **First Name** _____

3rd. Member's Telephone Number _____ **E-Mail Address** _____

4th. Member's Surname _____ **First Name** _____

4th. Member's Telephone Number _____ **E-Mail Address** _____

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