

Sacramento Children's Home Guild

Membership Application

| Name | | |
|---|------------|--|
| Address | | |
| City, State, ZIP | | |
| Home Phone Work Phone (Please indicate which phone number you prefer to be reached.) | Cell Phone | |
| E-Mail Address | | |
| How did you find out about the Guild? | | |
| Why do you want to join the Guild? | | |
| What are your interests, skills and special talents? | | |
| | | |

Signature

Date

For questions, you may reach the Membership Chair at 916.455.4756. Please send completed application and a \$50 check for membership dues **payable to SCHG** to:

SCHG Membership Chair 1209 54th Street Sacramento, CA 95819