

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 /Renewal Form

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

 $\ensuremath{\mathrm{I}}$ wish to join/renew membership of the SCRA and hereby enclose the Annual subscription amount as follows.

Personal - One vote per	household (3,000/=) Household with additional voting rights (5,000/=)
Member Surname	Member First Name
Household Membersh	ip Only
Additional Member Su	ırname(s)
Additional Member Fi	rst Names
Postal Address	
Town/Location	Postal Code
Telephone(s)	
Primary E-Mail	
Secondary F-Mail Hou	sehold 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

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

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

Corporate Member (10,000/=)			
Business/Company Name			
Postal Address			
Town/Location	Postal Code		
Principle Member's Surname	First Name		
Principle Member's Tel. Number	E-Mail Address		
2 nd . Member's Surname	First Name		
2 nd . Member Telephone Number	E-Mail Address		
3 rd . Member's Surname	First Name		
3 rd . Member's Telephone Number	E-Mail Address		
4 th . Member's Surname	First Name		
4 th . Member's Telephone Number	E-Mail Address		

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