

SCA BOARDER APPLICATION AND CONTRACT

Full Name: _____ **Social Security #:** _____ - _____ - _____

Present Address: _____ **Phone #:** _____

Permanent Address: _____ **Phone #:** _____

Why are you interested in boarding at the co-op?

Have you ever been a resident or boarder of SCA? Yes No
If so, which house(s) and when?

Have you ever been convicted of a violent crime?
If yes, please explain on a separate sheet of paper.

Have you ever had your membership revoked by the SCA and/or any other living organization? Yes No
If so, please explain:

Do you have a member deposit on file? Yes No

How many weeks do you wish to board?

Please check the boarding plan you wish to use:

5 days per week

7 days per week

Lunch only (weekly rate)
Dinner only (weekly rate)
3 Meals per day (weekly rate)

\$12.40
 \$14.65
 \$27.05

\$17.36
 \$20.51
 \$37.87

Which house do you wish to board at:

- Lorax Manner
 Campbell Club
 Janet Smith

When do you wish to begin boarding?

When will be your last day of boarding?

Total amount owed for this boarding period:

Deposit Amount Owed: \$ 60
Boarding Fees: \$ _____
TOTAL DUE: \$ _____

All fees must be paid in advance.

I agree to become an SCA Boarder/Member for the above-designated period and to share in SCA responsibilities as they relate to Boarders/Members in the Boarder Information Form. I also agree to follow all SCA policies and rules. Furthermore, I understand that by purposely giving false information on this application/contract, my membership may be revoked at any time.

Signed _____ Date: _____
SCA Boarder/Member

Signed _____ Date: _____
SCA Officer