Food&Wine Connoisseurs Club

2026-27 MEMBERSHIP FORM

NAME(S):

1._____**SCPD ASSOC #**_____

2._____**SCPD ASSOC #**_____

SCPD ADDRESS: _____

EMAIL ADDRESS (PLEASE PRINT CLEARLY):_____

PHONE NUMBER (s): (H)_____ **(C)**_____

NEW MEMBER(S) ( ) **RENEWING MEMBER(S) ( )**

DUES $25 (PER PERSON) **AMT ENCLOSED**_____ **CK#**_____

(MAKE CHECKS PAYABLE TO FWCC)

EMAIL messages are sent to inform our members about FWCC events. Your email address is NOT given out by this club.

Drop your check (payable to SCPD FWCC) *along with this completed form* in box #24 in the Mountain View Clubhouse across from the stained glass classroom. Please make sure it is the correct box.

PLEASE BE ADVISED that photos taken at FWCC events may be published on our website, in "News and Views" and on the SCPDCA Facebook page. Membership implies consent.