

SEACAB

Southeastern Arizona Clean and Beautiful
www.seacab.org

Membership Application

(Members must be at least 18 years old or sponsored by an adult)

Name _____ Birthdate _____

Address _____

Mailing Address (if different) _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Type of Support:

- | | |
|--|---|
| <input type="checkbox"/> Cleanup Volunteer | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Monetary |
| <input type="checkbox"/> Office work | <input type="checkbox"/> Phone Bank |

Availability:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> AM | <input type="checkbox"/> PM |

Recommend others for membership:

I suggest you contact the following parties for membership.

Mail to: SEACAB, 728 9th Avenue, Safford, AZ 85546