

2025 SCBPA MEMBERSHIP APPLICATION/RENEWAL

TYPE OF MEMBER: BUSINESS (\$100) NONPROFIT (\$50) RESIDENT (\$30)
TYPE OF BUSINESS: RESTAURANT SHOP LODGING WINE OTHER

Name of Business: _____ Business Phone: _____

Primary Contact Name: _____ Cell: _____

Email Address: _____

Secondary Contact Name: *(if applicable)* _____ Cell: _____

Secondary Email Address: _____

Business Address: *(number, street, city, zip)* _____

Mailing Address *(if different than physical address)* _____

Days Open/Hours: _____

Website/URL & Short Description: *check here if the current details on suttercreek.org are correct*

Signature/Date: _____

Are you available to volunteer a few hours? Ladies Night _____ Trash to Treasures _____
Membership _____ Miscellaneous _____

Internal Use Only: Amount Paid: _____ Check#: _____ Date: _____ Received by: _____

Updates: Email Evite Membership List Sticker/Letter Website Facebook

PO Box 600, Sutter Creek, CA 95685

***Monthly Meetings are held on the first
Thursday of every month unless otherwise
stated. Please join us at:
Hotel Sutter – 8:30 am***
