

MEMBERSHIP CARD REQUEST FORM

Property Owner Name(s)	(must be on deed)			
Tenant Member Approved	Staff Verified			
Physical Address	Phone			
If you own multiple SVL p	properties, please provi	de physical A	ddresses	
Office use only: Tract/lot		Account		Verified Sacweb, Good Standing
_ ,	uire a membership card ust reside at the same re	sidence and pro	ovide proof of res	idency reflecting the same address as owner
				ME AND NAME OF FAMILY WNER/TENANT
Property Owner/Tenant M	1ember name			
Property Owner/Tenant M	lember name			
1 st card (family member)				Relationship
• Age	_Proof of Residency	(If age	21 and over)	
2 nd card (family member))			Relationship
• Age	_Proof of Residency	(If age	21 and over)	
3 rd card (family member))			Relationship
• Age	_Proof of Residency	(If age	21 and over)	
4 th card (family member))			Relationship
• Age	_Proof of Residency	(If age	21 and over)	
5 th card (family member))			Relationship
• Age	_Proof of Residency	(If age	21 and over)	
Check the box if all of the above information is correct Date				
Property Owner/Tenant Member (Initial)I have received 4 Guest Passes				
Office Use Only	4 Guest Passes Issue	ed: YES	or NO	
Staff Member Initials_		Date		