

_____ I would like to become a member of the Sutter County Taxpayers Association.

\$ _____ Herewith are my \$20 per person, \$30 per couple per year SCTA dues.
(Please make checks payable to SCTA.)

_____ I would be interested in serving on an SCTA board or committee. (SCTA needs citizens to attend and report back on Supervisors and City Council, etc., meetings.)

Name _____ e-address _____

Address _____ Phone _____

Please note the following SCTA Bylaw 3.1: Qualifications:

Individuals subject to Sutter County taxes who have accepted the statement of purpose, and have satisfied current membership dues requirements are eligible for full membership status. However, as a private, non-profit, non-partisan organization, SCTA reserves the right to accept, deny or revoke membership in the Association to any person, for any reason, provided that reason does not violate applicable state or federal anti-discrimination statutes.

Mail Application to: SCTA - PO Box 1232 - Yuba City CA 95992