

Sangre de Cristo Ranches Association Membership Form

Name:

Address:

Telephone:

Email:

Property Location: Unit____Block____Lot____ or
Tax ID_____

Annual Membership \$25: ___check (make payable to
SCRO) or ___Paypal

If mailing membership form, please use P.O. Box 378 Fort Garland,
CO 81133. If using Paypal and you wish to email this form, please
be sure a legible image is attached and send to
CommunitySCRO@gmail.com