your most current contact information.		
First Name	<u>Last Name</u>	
<u>Address</u>	Include in directory If No, For Board Us	se only
	Home phone	No
	Cell phone	No 🗀
<u>Email</u>		No
Send printed newsletter to address above	/e (\$10.00/year)	

Please update your information and include this form with annual membership dues.

Paid members names will be published in our annual fall directory; it is important that we have

Date paid:_ Amount: \$_

2 or more persons (same household) \$25.00

Annual membership runs from Jan 1 to Dec 31.

SBOS Membership Renewal

Printed (mailed newsletter) \$10.00

Individual member \$20.00

Please bring your membership dues and this form to our next meeting or mail to: SBOS, c/o Charlotte Morrison, 414 S. Juanita Ave, Redondo Beach, CA 90277