

SBOS Membership Renewal

Date paid: _____
Amount: \$ _____ CK# _____

Please update your information and include this form with annual membership dues.
Individual member \$20.00 2 or more persons (same household) \$25.00
Printed (mailed newsletter) \$20.00 Annual membership runs from Jan 1 to Dec 31.

Paid members names will be published in our annual fall directory; it is important that we have your most current contact information.

<u>First Name</u>		<u>Last Name</u>	
<u>Address</u>	Include in directory -- If No, For Board Use only		
	<u>Home phone</u>	No	<input type="checkbox"/>
	<u>Cell phone</u>	No	<input type="checkbox"/>
<u>Email</u>		No	<input type="checkbox"/>
Send newsletter to address above (\$20.00/year) <input type="checkbox"/>			

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