



# MEMBERSHIP APPLICATION

(Annual Membership period is August 1 through July 31)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email

Are You A Golfer?

Yes

No

## EMERGENCY CONTACT

Contact Name \_\_\_\_\_

Number \_\_\_\_\_

Relationship \_\_\_\_\_

## MEMBERSHIP TYPE

\$40 Active—New

\$40 Active—Renewal

\$20 Associate—New

\$20 Associate—Renewal

I do not wish to join—please accept my donation in the amount of  
\$ \_\_\_\_\_

I understand this application constitutes an offer on my part which will not constitute acceptance until approved by Sisters Across America, Inc. If accepted, I agree to abide by the organization's Constitution and by-Laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail Application With Check Or Money Order To:  
Sisters Across America, Inc.  
PO Box 780005  
Orlando, FL 32878-0005

THANK YOUR FOR YOUR MEMBERSHIP!