

SBOS Membership Renewal

Date paid: _____

Amount: \$ _____ Ch # _____

Please update your personal information and include this form with annual membership dues of **\$17**. Annual membership runs from July 1 to June 30.

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

Name(s) as you wish to appear in the Directory <u>First</u> _____ <u>Last</u> _____	
Address _____	Include in directory—If NO— for Board use only
_____	Home phone <input type="checkbox"/> No
_____	Cell phone <input type="checkbox"/> No
Email _____	<input type="checkbox"/> No

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