



## SOS MEMBERSHIP APPLICATION

Includes mail-out issue of SOS Carefree Times  
Photocopies acceptable – You must be 21 years old

Name: (1) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name:(2) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

( ) Memberships @ \$35 ea. = \$ \_\_\_\_\_ Total Due

Check \_\_\_\_ Cash \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ American Express \_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_/\_\_\_\_  
Card Number 3-digit code Exp. Date

\_\_\_\_\_  
Signature (Required)

Mail payment & form to: SOS  
Wanda Cavin  
134 Venus Lane  
 Mooresville, NC 28117  
  
704-677-3886