



SOS MEMBERSHIP APPLICATION

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: _____

Check ____ Cash ____ () Memberships @ \$35 ea. = \$ _____ Total Due

Visa ____ Mastercard ____ () Membership @ \$40 ea. = \$ _____ Total Due

\$5.00 Convenience Fee when using credit card

_____ (____) ____/____
Card Number 3-digit code Exp. Date

Signature (Required)

Mail payment & form to: SOS
Wanda B. Cavin
134 Venus Lane
Mooresville, NC 28117

704-677-3886