

SOS MEMBERSHIP APPLICATION



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

Name: (1) _____ Male ___ Female ___

Mailing Address: _____

City, State, Zip Code: _____

Were you an SOS Member last year? _____

Are you a member of a shag club? _____

Name: (2) _____ Male ___ Female ___

Mailing Address: _____

City, State, Zip Code: _____

Were you an SOS Member last year? _____

Are you a member of a shag club? _____

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

Check ___ Cash ___ Visa ___ Mastercard ___ American Express ___

Card Number

Exp.Date

Signature (Required)

S.O.S.

P.O. Box 37690

Rock Hill, SC. 29732

1-888-767-3113