

SISTERHOOD MEMBERSHIP DUES FORM (JULY 1, 2026--JUNE 30, 2027).

NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE NUMBER (INDICATE CELL OR HOME): _____

BIRTHDAY (MONTH/DAY ONLY): _____

ANNIVERSARY (MONTH/DAY/YEAR): _____

Anniversary year is being requested to acknowledge milestone anniversaries!

NOTE: WE DO NOT SHARE INFORMATION WITH ANYONE. FOR SISTERHOOD USE ONLY. Please send this form and A CHECK FOR \$30, PAYABLE TO SLJC SISTERHOOD, to:

LOIS GARBER, 24111 S. AGATE DRIVE, SUN LAKES AZ 85248

If any of the above information changes, please advise Lois Garber at: loigarber70@yahoo.com

CHK #: _____ (MEMBERSHIP)