

DATE: \_\_\_\_\_ VERSION: 2026 - 2

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

**NOTE: WE DO NOT SHARE INFORMATION WITH ANYONE. FOR SISTERHOOD USE ONLY.**

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.

Please SEND THIS FORM and a CHECK FOR \$30, PAYABLE TO: SLJC SISTERHOOD, to:

MARILYN KOSS, 6400 S. Granite Drive, Chandler AZ 85249 CHK #: \_\_\_\_\_ MEMBERSHIP