

Stanislaus Memorial Society - Form

I hereby apply for membership in the Stanislaus Memorial Society.
Please send me the INSTRUCTION SHEET which I will fill out and return promptly along with a check for the membership fee. The membership is for life unless I request to withdraw from membership. I understand that membership fees are non-refundable. Gifts are always welcome. They may be "in memory" or "in honor" of someone I name. I am printing to ensure legibility.

Name: _____ **Date:** _____

Mailing address: _____

City/State: _____

Zip: _____ Phone: _____

Children under 18 to become members (*Names & Dates of Birth*):

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____