



## 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: \_\_\_\_\_

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

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_/\_\_\_\_\_  
Card Number 3-digit code Exp. Date

\_\_\_\_\_  
Signature (Required)

Mail payment & form to: SOS  
5260 Bay Road  
Rock Hill, SC 29732

803-371-4731