



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: _____

Check ____ Cash ____ () Memberships @ \$45 ea. = \$ _____ Total Due

Mail payment & form to: SOS
Wanda B. Cavin
134 Venus Lane
 Mooresville, NC 28117

704-677-3886