

DATE: _____

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 #: _____

____ Mark here if you are a new member or if any of your previous information has changed.