

MEMBERSHIP APPLICATION

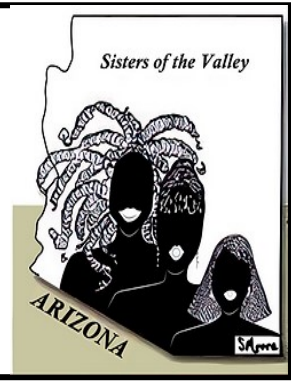
Sisters of the Valley

P. O. Box 1724

Litchfield Park, Arizona 85340

Email: sou@sistersofthevalleyclub.com

Website: www.sistersofthevalleyclub.com/



Please mail the application along with a \$75 check for dues payable to SOV to the above address.

Name: (Ms. Mrs. Miss.): _____
(First) (Last) (MI)

Home Address: _____
(Street)

(City) Arizona (State) (Zip)

Date of Birth (Month/Day Only): _____ / _____

Best phone number you can be reached at: _____

Email: _____
(Please print clearly)

SOV SPECIAL INTEREST GROUPS

Please check the group or groups that interest you:

Circle of Sisters Book Club: _____

Page Turners: _____

Drama Queens: _____

Secret Sisters: _____

Hospitality: _____

Sensational Single Sisters (SSS): _____

Married Couples: _____

Sisters of Faith Bible Study Group: _____

Moonlighters: _____

Travelin' Sisters: _____

Referred by: _____

Applicant's Name (Please Print): _____

Applicant's Signature: _____

Date: _____