

Membership Renewal Form

Mail Completed form to: Linda South • PO Box 1088 • North Plains, OR 97113-1008 ~or~
FAX: 503-647-5954 ~or~ email form to: dlsouth@gmail.com

MEMBERSHIP RENEWAL CHECK MAILING LABEL FOR MEMBERSHIP EXPIRATION

| | NEW | RENEWAL | |
|---------------------|-----|----------|----------|
| Individual | | \$30.00 | \$ _____ |
| 3-year Individual | | \$75.00 | \$ _____ |
| Family | | \$55.00 | \$ _____ |
| Lifetime Membership | | \$500.00 | \$ _____ |

Grand Total _____

CREDIT CARD

CHECK

Card Number _____ Exp. Date _____

Name on Credit Card Authorized Signature CSC Code _____
