

SVACCD
MEMBERSHIP FORM
January 2010 – December 2010

Mail Money Order or Check Payable to:

S.V.A.C.C.D
LONI OWENS, TREASURER
P. O. Box 30386
Stockton, CA 95213-0386

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP: _____ (4+) _____

TELEPHONE #: _____ **TTY/VOICE**

VIDEOPHONE #: _____

E-MAIL: _____ **FAX:** _____

CHECK ONE per year:

FAMILY (\$21) _____

COUPLE (\$19) _____

SINGLE (\$16) _____

SENIOR CITIZEN COUPLE (55) (\$14) _____

SENIOR CITIZEN SINGLE (55) (\$11) _____

SUBSCRIBER ONLY (\$11) _____

BANKNITE (\$10.00 each person per year)

NAME: _____

NAME: _____

DONATION: \$ _____

COMMENTS: _____