

# SDES DE ALVARADO



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## MEMBERSHIP APPLICATION

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Member Number:

Last Name:

First Name (s):

Address:

City:

State:

Zip:

Phone:

Email address:

Sponsored by:

Date:

Date Dues Paid:

Amount:

Payment Method:

Please return this form along with your membership dues of \$35.00 to:

SDES

PO BOX 215,

Union City, CA 94587

Zelle @ [sdesalvaradohall@gmail.com](mailto:sdesalvaradohall@gmail.com)

Membership dues apply to the calendar year, beginning January 1 and ending December 31.

*Membership is governed by the organization's bylaws. Please refer to the bylaws for full membership rules.*