

SOBA Membership Form
(Please Print)

Name _____

Address _____ City _____ State _____ Zip _____

E-Mail
Address _____ Phone _____

Joining / Renewing Date _____ Amount Paid _____ Cash / Check # _____

Dues are \$15 per adult per year.

Please return form and payment to the Club Treasurer.
PO Box 711
Grants Pass OR 97528