

SPVHC Membership Renewal

REQUIRED INFORMATION

Date: _____

Name: _____

Address, City, State, Zip Code:

Telephone: _____

Email: _____

2021 MEMBERSHIP LEVELS

1. (____) Individual Member Dues: \$40.00
2. (____) Household Dues: \$45.00
3. (____) Junior Member Dues: \$25.00

Award Sponsorship (any amount is helpful) \$ _____

Total Amount Enclosed: \$ _____

MAKE ALL CHECKS PAYABLE TO: SPVHC

MAIL TO:

Steven Kilgore
778 Mountain View Place
El Cajon, CA, 92021

TO BE FILLED OUT BY THE TREASURER – PLEASE LEAVE BLANK

Date Received: _____

Check Number: _____