

ESCAPEES SOLOS MEMBERSHIP FORM

Circle one: *New* *Renew* *Data Change*

Date: _____

Name: _____ Male Female

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Phone No: _____

SKP#: _____ Expiration Date: _____

Email # 1: _____

Email # 2: _____

Interests: _____

I would consider:

Hosting a Rally Leading a caravan Other: _____

I would like to:

- join SKPing Solos email discussion group at Groups.io
- receive the newsletter electronically through Groups.io, **OR**
- receive the newsletter electronically via my own email mailbox

I am submitting \$ _____ for _____ year(s) membership.

I am submitting \$ _____ to be donated to CARE.

\$10 per year (US funds). You may join for multiple years.
Make checks payable to **ESCAPEES SOLOS**.

Mail to: ESCAPEES SOLOS
1970 N LESLIE ST #556
PAHRUMP, NV 89060