

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: _____

Please Note:

1. You will receive the newsletter electronically via your own email mailbox.
2. You will be added to the SOLOS Bulletin Board at Groups.io upon receipt of your dues. Groups.io is the main platform that SOLOS use to communicate with each other. If you choose NOT to participate in Groups.io, please email the group moderator at royk1072@gmail.com to request your removal from the group.

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

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

\$11 per year (US funds). You may join for multiple years.
Make checks payable to **SKP SOLOS**.

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