

SVSWG Membership Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Please complete all the above information. Bring this application to the meeting or you can mail it to us.

SVSWG

P.O. Box 182

Lewisburg, PA 17837

Your annual donation is tax deductible.