



SOUTHERN CALIFORNIA CHAPTER, IDOS

APPLICATION FOR MEMBERSHIP

NAME: _____ PHONE () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP (+4) _____

COUNTY: _____ EMAIL: _____

- √ The Type of Membership: one year two years three years
- INDIVIDUAL MEMBERSHIP \$10.00 \$19.00 \$27.00
- FAMILY MEMBERSHIP * \$15.00 \$29.00 \$42.00
- * List all family members' names on back of application.

New Member? _____ Renewal? _____ If a renewal, is this a new address? _____

PLEASE NOTE: Chapter members MUST be current IDOS members.

Mail to:
So Cal Chapter IDOS
5241 Sierra Road
San Bernardino CA 92407

Make checks payable to: **So Cal Chapter IDOS**
Be sure to include \$30.00 for IDOS membership



\$30.00
Per year

Membership Signup & Renewal Form
IDOS.COM

(Memberships are on an individual or family basis. Each membership will get one yearly membership pin and one quarterly newsletter.)

* indicates REQUIRED Information

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*County: _____

*Country: _____ *Phone: _____

Email: _____

Would you like to volunteer some of your time to IDOS? Yes No
If yes, please list any specialized skill you are willing to share.

For Office Use Only	
Date: _____	
Received by: _____	
New: <input type="checkbox"/> Renewal: <input type="checkbox"/>	
Payment Made by	<input type="checkbox"/> Check
	Check # _____
Membership Pin	<input type="checkbox"/> Cash
	<input type="checkbox"/> Given at Signup
<input type="checkbox"/> Please Mail	
Other Information	