

MEMBERSHIP FORM

SANOCA
3456 Boston Avenue Apt 3
Oakland, CA 94602

Date of Membership: _____

Name _____

Last Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I hereby wish to become member of the SANOCA. As such, I recognize the purpose of the association and accept the status and the rules and regulations of the Association that have been given to me.

I have taken note of the rights and duties of membership and agree to pay my dues every year.

Read/Approved

Oakland, Date: _____

Signature: _____

Date _____

I, the undersigned _____ hereby declare having received the application form to join SANOCA from _____

Membership fee of _____ dollars has been received.

Balance Due _____

General Secretary

Treasurer