



SCI Southwest Ohio Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Local Chapter: Southwest Ohio Chapter

Check: Credit Card Type: Visa MasterCard Amex Discover

Credit Card #: _____ Exp. Date: _____

Security / CVV Code : _____ Card Billing Zip Code: _____

Cardholder's Name: _____

Amount to be Charged: _____ Date of Order: _____

Signature: _____

Membership Options

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | Local Chapter Annual Membership Dues | \$20.00 |
| <input type="checkbox"/> | Local Chapter 3 Yr. Membership Dues | \$48.00 |
| <input type="checkbox"/> | Local Chapter Life Membership (U.S., Mexico & Canada) | \$460.00 |

Note: Must be National SCI Members to join SCI Southwest Ohio Chapter

Please mail to: SCI Southwest Ohio Chapter
PO Box 8245
West Chester, OH 45069