

Dear New Member,

Please complete the form below and return it with your check made out to SI Idyllwild. Our mailing address is PO Box 901, Idyllwild, CA 92549. Thank you.

Date: _____

First Name: _____ Last Name: _____

Preferred Nickname: _____

Spouse or Significant Other: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Business phone: _____

Business FAX: _____

Home phone: _____

Cell phone: _____

Email address: _____

Date of Birth: (month/day/year) _____

Amount enclosed: \$ _____