MEMBERSHIP FEE IS $50.00* FOR NEW OR RENEWING MEMBER(S)

Name: ……., ……., ……
Last First MI

Telephone: Home (……)…….. Cell: (…….)……..

Work (……)…….. E-Mail:...…….

Address: ……..…… Apt. # ……...
Street

……..…., Texas ……..……..
City State Zip Code

Credit Card Payment:

Visa, Master Card, Discover, American Express and Others

Name: ……., ……, ……

Credit Card Number: …….

Expiration date:……../……../……

Please write the area or areas you would like to help ISF with;

1. ……
2. ……
3. ……

Signature: …… Membership Date:……../…../……..…

**Membership fees are not deductible as charitable contributions*

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