

S T A Membership Application

PLEASE FILL THIS FORM COMPLETE IF YOU FEEL UNCOMFORTABLE GIVING ANY INFORMATION OR DON'T KNOW LEAVE BLANK.

IF YOU WOULD LIKE TO RECEIVE THE NEWSLETTER VIA E-MAIL CHECK THE YES BOX. YES ___

S T A Membership Dues are as follows: January 1 thru June 30 will be \$5.00 From July 1 thru June 31 will be \$10.00. After your first year all dues will be due July 1 each year. Please make your check or money order payable to STA.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ E MAIL _____

SPOUSE NAME _____ DOB ___ / ___ / ___ ANNIVERSARY _____

STARNES FATHER OR MOTHER _____

DOB _____ ANNIVERSARY _____ DATE OF DEATH _____

SPOUSE OF ABOVE _____

DOB _____ DATE OF DEATH _____

STARNES GRANDPARENTS _____

DOB _____ ANNIVERSARY _____ DATE OF DEATH _____

SPOUSE OF ABOVE _____

DOB _____ DATE OF DEATH _____

Please make your check payable to STA and mail to _____ :

STA TREASURER
DONALD TYSON
3482 Helms Road
Lancaster, SC 29720