

ESO Membership Enrollment Form

The use of this form is optional, but please send payment of \$3.00 per administration along with the information requested to the Alpha Delta Chapter of ESO Secretary/Treasurer. (see ESO under *Departments and Committees* for more information)

Your Name: _____

Address: _____

City/Zip Code: _____

Club: _____

District: _____

Phone: () - _____

E-mail address: _____