



THEM THAR HILLS Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

CURRENT E-Mail Address _____ **

Your request for 2024 Film Program: _____

2024 MEMBERSHIP DUES:

My check in the amount of \$___ is enclosed to pay for:

___ individual membership(s) (\$25. each)

or ___ Family Membership (\$40. each - you and a spouse and one child age 12 to 18; please add \$5. for each additional child age 12 to 18)

Please provide names of additional Family "Sons" Members _____

** If you do not have an email address and need your meeting notices mailed to you, please add \$5 to your membership fee.

By signing this membership application, I hereby promise to fully execute and uphold the long-STANDING tradition of honoring and perpetuating the memory of Stan Laurel and Oliver Hardy and maintaining a half-assed dignity at all times when in the company of, and when mingling with, my fellow members of the SONS OF THE DESERT.

Signed _____ (no X's, please!) Date _____

Please make checks payable to RAY FAIOLA and write Them Thar Hills Membership in the notation area. If not presented personally to an official of the Sons of the Desert, please mail this application and payment to:

Ray Faiola
40 Briggs Highway
Ellenville, NY 12428