



THEM THAR HILLS Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

CURRENT E-Mail Address _____ **

Your request for 2026 Film Program: _____

2026 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 *Sons Membership 2025* 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

or you may send via PayPal to rpfaiola@aol.com