

**MEMBERSHIP APPLICATION
THE SIKES/SYKES FAMILIES ASSOCIATION**

Type of Membership: Individual \$10.00 ___; Family \$15.00 ___; Life \$250.00 ___;

International \$15.00 ___; Society \$15.00 ___; Organization \$15.00 ___;

Gift ___; New ___; Renewal ___

Date: _____ Enclosed is \$ _____ for

Membership year 2015/2016 or Life
(circle Membership choice)

Make checks payable to:
The Sikes/Sykes Families Association
and mail to:

Otis Sikes, Treasurer
Sikes/Sykes Families Association
12325 Deerbrook Trail
Austin, TX, 78750-1059

I understand this entitles me to four issues of The Sikes/Sykes Tributaries per year and other privileges of the Association.

Enter Membership for:

Name: _____

Spouse: _____

Address: _____

City: _____

ST: _____

Zip+4 _____

Telephone (_____) _____

e-mail: _____

Check here _____ if you would like to receive The Tributaries via e-mail.