



ESO MEMBERSHIP ENROLLMENT FORM

Please complete and send the requested information, along with \$3.00 PER ADMINISTRATION to Alpha Delta Chapter Secretary/Treasurer: Barbara Whitaker, 2519 Valleyview Drive, Belpre, OH 45714

Name: _____

Address: _____

City/State/Zip Code: _____

Club: _____ District: _____

Phone: (____) _____ - _____ Email address: _____

✂ -----

ESO BOOK REVIEW FORM

The use of this form is optional, but please include the information requested on your report. Reports may either be mailed or emailed to the Alpha Delta Chapter Reading Book Chairman, Sharon Pervo, (pervo208@oh.rr.com), 208 Charry lane, Avon Lake, OH 44012.

Name: _____

Address: _____

Club: _____ District: _____

Year Reporting: _____ CSP, Committee or Subject Category: _____

Title: _____

Author: _____ Year Published: _____

Review: _____

Opinion: _____

(Please keep this form in the Directory. Duplicate for submissions.)