



Membership Application

Instructions: If you wish to pay your membership dues by check, complete this form, print a copy, sign it where indicated, and mail it along with your check to Lee Skillman Fleming, 720 Manhattan Beach Blvd., Manhattan Beach, CA 90266. Please make checks payable to: Skillman Family Association, Inc.

Select type of membership:

Annual Membership – Individual: \$25

Annual Membership – Family: \$40 (adult individuals in the same household)

Life Membership – Payment in Full: \$300

Life Membership – Initial Installment: \$100 (invoices for remaining payments sent via email)

Honorary Membership: Reason for Request: _____

Name of Primary Applicant _____

Street Address: _____ City: _____ State: ____ ZIP: _____

Email: _____ Phone: _____

(All of the above information is required, including email address and phone number.)

If Family Membership, names of additional family members: _____

To the best of my knowledge, I am/ am not/ don't know if I am/ a descendant of Thomas¹ Skillman. I would/ would not/ like help in determining if I am a descendant of Thomas¹ Skillman. The Association may/ may not/ share my membership information with other members. I agree to abide by the provisions of the By-Laws of the Skillman Family Association, Inc.

Signature of Applicant: _____ Date: _____

Signature of Secretary: _____ Date: _____

Amount of dues paid by PayPal: \$ _____ by Check: \$ _____