



NISSWA WOMEN'S CLUB
Box 362
Nisswa, MN 56468

_____, 20____

Please return with your check. Thank You.

Name _____ Phone _____

Address _____ Cell _____

City, State & Zip _____ Email _____

Winter Address: _____

Winter Phone Number: _____

Birthdate: Month _____ Day _____

Please list any food allergies that should be accommodated at the monthly luncheon meetings.

Referred by: _____

DUES MUST BE PAID BY NOV. 1 IN ORDER TO GET NAME IN DIRECTORY.