



NISSWAWOMEN'S CLUB

_____, 20____

Box 362

Nisswa, MN 56468

Please return with your check. Thank You.

Name _____ Phone _____

Address _____ Cell _____

City, State & Zip _____ Email _____

Birthdate: Month _____ Day _____

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

WINTER ADDRESS: _____

WINTER TELEPHONE NUMBER: _____

Referred by: _____