

UMH Ladies Auxiliary Application

First Name _____ Last Name _____

Date _____

Address _____

Contact information

Home _____ Cell _____

Work _____ Fax _____

eMail _____

Birth date _____ Year optional (it is for your secret sister)

Anniversary date _____ Year optional (it is for your secret sister)

Membership fee \$20 if paid by March 31st
 \$30 if paid after March 31st

Make checks payable to UMH Ladies Auxiliary

Mail to: Terry Kleier
 1184 Siry Road
 California, KY 41007