

UMH LADIES AUXILIARY APPLICATION

First Name _____ Date _____

Last Name _____

Address _____

Phone number: Home _____ Work _____ Cell _____

Fax number _____ Email _____

Date of Birth (we will not publish the year) ____/____/____

Anniversary Date ____/____/____

Membership fee: \$20.00. \$30.00 after March 1st. Make payable to UMH ladies Auxiliary and mail to:

Cyndee Breslin
693 Oak Glen Circle
Fall Branch, TN 37656