



Membership Form

St. Joseph of the Three Rivers Ladies Auxiliary

Name: _____

Address: _____

City _____ Zip Code _____

Home Phone # _____ Cell # _____

E-mail address _____

Hobbies _____

Idea's for meeting: _____

Membership Dues are \$15.00 the first year and \$10.00 each consecutive year you join. Please bring your money to the next meeting. You can also mail membership to:

Elaine Kruse

3248 Citation Lane

North Bend Ohio 45052

kofcstjoeladyaux@aol.com

H (513) 941-7613 C (513) 608-8596

NAME _____

PAID _____ CASH _____ CHECK _____