

Bedias Women's Club - Date: _____

New Member

(or use for current member update)

Name: _____

Mailing Address: _____

Street

City, State, Zip Code

Residence: _____

Street

City, State, Zip Code

Telephone: Home _____

Cell _____

Birthday: _____

Month, Day

Email: _____

Spouse Name: _____

(or significant other)

Anniversary: _____

Month/Day

Please print out, complete and return this form to Michelle Bobo with your \$5.00 annual membership fee. You may easily send an email to Michelle at membership@bediaswomensclub.com and attach your completed form or ask any questions you may have regarding the Bedias Women's Club.