

NDGW MEMBERSHIP CARD

PARLOR _____ No. _____

Last _____ First _____ MI _____

Address _____ City, St. _____ Zip _____

Phone(s) _____ Maiden Name _____

Place of Birth: _____ Date of Birth _____

Date of Initiation _____ Re-Instate/Transfer _____

EMAIL _____

.....For Office Use Only.....

Note on Back Member No. _____ Date Rec'd. _____

25yr

50 yr

75 yr

D: _____

S: _____

R: _____

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