

NDGW MEMBERSHIP CARD

PARLOR _____ NO _____

Last Name _____ First Name _____

Address _____ State _____ Zip _____

Phone _____ 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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