

**APPLICATION FOR
MEMBERSHIP:
THE EASTERN SHORE LADIES
AUXILIARY COUNCIL #6963**

Name: _____
 First Middle Int. Last

Address: _____
 Mailing
 Street Address (911) _____

 Town State Zip

Telephone: _____
 Home Business

Email address: _____

Birthday: _____
 Month Day

Name of K of C Member or Sponsor: _____

Relationship of K of C Member: _____

Interests: _____