

L.I.N.D.A. MEMBERSHIP FORM

Print this form and complete all questions. Make check/money order for **\$20.00** (U.S.D.) to L.I.N.D.A. and mail to:

L.I.N.D.A.
P.O. Box 269
Rockton, IL 61072

NAME: First: _____ Middle: _____ Last: _____
(Note: **FIRST NAME** must be pronounced L IH N-d uh.)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Do you want your phone number(s) printed on Membership Listing? Yes _____ No _____

E-mail Address: _____

Do you want your email address printed on Membership Listing? Yes _____ No _____

Date of Birth: _____

Why You Were Named Linda:

How did you hear about the L.I.N.D.A. Club?

Anything interesting about yourself you would like to share:

Please print and sign. Signature _____

(OFFICE USE ONLY:)

Date Rec'd in Office _____ Check # _____ Amount _____