

YEAR 2007 HOME & COMMUNITY EDUCATION DUES

NAME OF CLUB _____ CENTER _____

NUMBER OF MEMBERS PAYING DUES _____ AMOUNT ENCLOSED _____

Make check payable to WASHINGTON COUNTY HCE

Return this form by NOVEMBER 1 to: Dorothy Bayard
3021 Sunrise Drive
Hubertus, WI 53033

Please Print-List Name, Address & Phone Number of Members Below

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

OVER →

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Name _____ Phone _____

Address _____

E-Mail _____ Family Membership Yes No

Thank you!