## **WOMEN OF THE SOUTH**

## MEMBERSHIP INFORMATION

Name:			
Address:			
City, State, Z	Zip		
Phone:	Home: Mobil: Pager:	Fax:	
Occupation:		, /	
Birthday:	Month:	Day:	
Spouse:		Occupation:	
Referred to V	Women of the South by:		
PAID BY:	Membership dues in Check # Credit Card Card #	July 1 through June 30 clude two tickets to the Annual Southern Gala MC	Visa
MAIL MEM	Signature:  IBERSHIP FORM TO	O: WOMEN OF THE SOUTH Post Office Box 892802 Oklahoma City, OK 73189	
		MBERSHIP COMMITTEES o committees you would like to serve on.	,
Education, High School Education, Primary Provider		Golf Research and Record Membership Social Events Publicity	nmendation