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Membership Application

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Address: 1200 West Broad Street, Groveland, FL 34736
Bchern923@gmail.com

Please fill out and return to the above address or to a Sisterhood member.

Name: _____

Address: _____

City, State, Zip Code: _____

Birthday: _____

Telephone: _____

Email: _____

Amount Enclosed \$30* _____ Check No: _____

*Full Year = Only \$30

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