

The Dayton Catholic Women's Club

Membership Form

Name _____

Address _____

City, State and Zip _____

Parish _____

Phone number _____

Email address _____

I am enclosing:

_____ \$15 for one annual membership

_____ \$150 for a Life Membership

Please send this form and your check to:

The Dayton Catholic Women's Club

P.O. Box 1677

Dayton OH 45401