

CENTRAL UNITARIAN CHURCH
**WOMEN'S
ALLIANCE**

Membership Form

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DUES (\$25.00) PAID BY: CHECK # _____

PLEASE SEND YOUR CHECK WITH THIS FORM TO:

BECKY BRUCE
PO BOX 672
PALISADES NY 1096