

MEMBERSHIP FOR LINDACLUB.ORG JAN - DEC 2026
FILL OUT AND MAIL TO: L.I.N.D.A. P.O. BOX 269 Rockton, IL 61072
(must be paid by Dec. 31, 2025 to be included on next membership list)

FULL NAME (incl. middle name) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

Do you want these included on the membership list? Phone _____ E-Mail _____

Birthdate: Month _____ Day _____ Year _____

Anything you would like to share about yourself?

Membership DUES \$25

DONATION/EDUCATION FUND _____

TOTAL \$ _____

Office use:
Date Rec'd _____

Check# _____

Amount _____
