

GOURMET DINING 2023 MEMBERSHIP FORM

Please add my name to the membership roster and accept my **\$15.00** annual dues. (Please print.)

Name: _____

Spouses Name or Significant Other: _____

Address: _____

Home Phone: _____

Cell: _____

E-Mail: _____

Do you wish to be a part of the Menu Planning Committee?

Yes ___ No ___

I only want to be on the substitute list. _____

Food allergies? _____

Pet allergies? _____

Paid: Cash _____ Check # _____

Payment may be mailed or dropped off prior to the January BLO meeting to:
Dr. Linda A. Walker, 107 Bentwater Bay Court. Checks should be made out
to: Linda Walker