

ROCKDALE WHITE NITES  
MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WOULD YOU LIKE YOUR NAME, E-MAIL AND PHONE # TO BE LISTED  
ON THE CLUB WEBSITE: CHOOSE ONE **YES** OR **NO**

TYPE OF MEMBERSHIP (CHOOSE ONE):

- SINGLE (\$15)
- FAMILY (\$25)

BRING THIS TO THE NEXT MEETING WITH YOUR DUES OR  
MAIL TO THE CLUB PO BOX:

ROCKDALE WHITE NITES  
206 Commerce Ave  
CAMBRIDGE WI 53523