


AUXILIARY
NORMANDIE RIDGE

Information

Please PRINT clearly. Thank you.

Name: _____

Street Address: _____

City _____

Phone: _____ Email: _____

Church Affiliation: _____

Member Information

_____ Annual Membership \$5.00 (Jan. 1-Dec 31)

_____ Contributing Member \$_____

_____ Memorial/Honor Gift \$20 plus \$5 membership

Name of Memorial/Honoree _____

Make checks payable to
Normandie Ridge Auxiliary

Mail form to:

Susan Martin
PO Box 7455
York, PA 17404
717-840-1463
smart@chuckandsusan.com