

# OCEAN CITY LADY KNIGHTS AUXILIARY, INC. MEMBERSHIP FORM

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD

ADDRESS: \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP CODE

PHONE: \_\_\_\_\_ PRIMARY ☐ CELL ☐ LANDLINE  
\_\_\_\_\_ SECONDARY ☐ CELL ☐ LANDLINE

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

## TALENTS I CAN SHARE

- |  |   |
|--|---|
| <input type="checkbox"/> BINGO KITCHEN               | <input type="checkbox"/> SOCIAL COMMITTEE                       |
| <input type="checkbox"/> FUNDRAISING                 | <input type="checkbox"/> SERVICE AND AID COMMITTEE              |
| <input type="checkbox"/> SPIRITUAL COMMITTEE         | <input type="checkbox"/> BEREAVEMENT COMMITTEE                  |
| <input type="checkbox"/> CREATIVE OUTREACH COMMITTEE | <input type="checkbox"/> I CAN SHARE MY TALENTS WHEREVER NEEDED |

- ☐ I am 18 years or older ☐ I am Catholic
- ☐ My husband is currently a member of the Knights of Columbus
- ☐ My father or brother is currently or has been a member of the Knights of Columbus
- ☐ I would like to ride with someone to the meetings

Dues are \$25.00 a year ☐ Cash ☐ Check # \_\_\_\_\_

Please make checks payable to: Ocean City Lady Knights Auxiliary, Inc.

OCEAN CITY LADY KNIGHTS AUXILIARY, INC.  
9901 COASTAL HIGHWAY, OCEAN CITY, MD 21842