



Membership/Payment/Reservation Form

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____

Are you a current member? YES _____ NO _____

If this is a membership application, please enclose \$100.00.

Event: _____

Member ticket price \$ _____ Non-Member ticket price \$ _____

Make checks Payable to: Frohsinn Club

Mail the completed form with payment to:

Judy Karkane
97 Page St.
Lunenburg MA 01462

978-877-0877

For Additional Information:

www.frohsinnclub.com
info@frohsinnclub.com
facebook.com/frohsinnclub