

The Sudbury Savoyards, Inc.
Member Registraton Form

[Please use a separate form for each member.]

Name_____

Email address_____

(Please print neatly or type)

Street address_____

(Number, apt. number, street, city/town, state, ZIP code)

Phone number you prefer to be reached at_____

For staff use only:

Fiscal year_____

Check number_____

Date received_____