



Locale Cabane Contact Information

Date: _____

Locale Cabane State and Number: _____

Locale Presidente's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell/Phone Number: _____ Email Address: _____

Locale Correspondante's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell/Phone Number: _____ Email Address: _____

Dame's Name who is responsible for sending in membership renewal dues:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell/Phone Number: _____ Email Address: _____

Please mail this completed form back to Cabane Nationale.

Cabane Nationale
312 Hillside Circle
Johnson Creek, WI 53038

Email: femmes@fortyandeight.org Phone number: (920) 253-1945