



## MEMBERSHIP ENROLLMENT FORM

---

**Name/Names**

---

**Address**

---

**City/State/Zip**

---

**Email**

---

**Phone**

**Family \$25.00**       **Single \$20.00**

**Donations Appreciated** \_\_\_\_\_

**I wish to support:**

**Wynnewood**     **Park**     **Both**

**Membership Date: Jan. 1 - Dec 31, Each Year**

*Mail this form and your check to the address below.*



### DINNER R.S.V.P.

***Dinner is \$15.00 per person and reservations  
must be in no later than March 8th, 2016.***

**PLEASE INCLUDE PAYMENT WITH YOUR MAILED RETURN**

---

*NAME/NAMES*

---

*ADDRESS*

---

*Number of people attending*

***Please return to:***

Bledsoe's Lick Historical Association, Inc.

Post Office Box 434

Castalian Springs, Tennessee 37031

Telephone: (615) 452-5463