

# NDPHC YOUTH MEMBERSHIP

NAME \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENTS' SIGNATURE \_\_\_\_\_

\*\*\*\*\* YOUTH DUES ARE \$10 PER YEAR \*\*\*\*\*  
\*\*\*\*\* Make checks out to NDPHC Youth Club \*\*\*\*\*

Send to: Jan Williams  
NDPHC Youth Advisor  
4776 68th Avenue SE  
Cleveland, ND 58424

Phone (701) 763-6345