

LA CROSSE DUBNA FRIENDSHIP ASSOCIATION MEMBERSHIP FORM
MEMBERSHIP YEAR IS FROM JANUARY 1 TO DECEMBER 31
LDFA, P.O. BOX 2333, LA CROSSE, WI 54602

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: home _____ business _____ cell _____

Please select a donation level below. Mail check to LDFA. Thank you for being a member.

_____ \$500 Statesman _____ \$100 Ambassador _____ \$35 Diplomat
_____ \$25 Family _____ \$15 Adult Single _____ \$10 Student Single

Separate Donation to the David Bell Endowment Fund: \$ _____. Thank you!