



DATE: _____

Check # _____
Amount _____

Cash
Amount _____

Membership—Annual dues \$15 New Membership Renewal Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Checks payable to Hearing Well Club: Mailing address: Paul Jones , 5308 Cantante Laguna Woods, CA 92637