



Santa Fe Shrine of Our Lady of La Leche

Guild Enrollment Form

(PLEASE PRINT CLEARLY)

Date: _____

Your Name:

First: _____ Last: _____

Email Address: _____

Phone: _____

Street Address: _____

City: _____ State/Province/Region: _____

Postal/Zip Code: _____ Country: _____

Enrollee Information

(Please provide the name and mailing address of the person you wish to enroll in the Guild (if not yourself) so we know where to send their enrollment card and gift bag.)

Enrollee's Name:

First: _____ Last: _____

Enrollee's Email: _____ (please print clearly)

Street Address: _____

City: _____ State/Province/Region: _____

Postal/Zip Code: _____ Country: _____

Please print and mail completed form with your \$30 Enrollment Fee to:

Santa Fe Shrine of Our Lady of La Leche
Guild OLLL Enrollment
17155 NW US Hwy 441, High Springs, Florida 32643

*We will notify you when we receive your Enrollment form. Thank You!

I would like to talk with a Shrine representative about service I might do for the Shrine.