JSOB Membership Form (version 8/24) Please Print Clearly

Today's Date Nev	w Renewal ACBL#
Name	
Home phone	Cell phone
Email	Approx MPs
Street Address	
City	Zip
Birthdate (optional*) Month Day (e.g. 4, 28)	
*if you wish your birthday to be published on our club calendar	
	Admin Use Only ered BridgeWebs Sent to Jeanne