

OIL WIVES APPLICATION FORM

DATE: _____

NAME: _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

HOME PHONE (include area code): _____ CELL PHONE: _____

BIRTHDAY : _____ ANNIVERSARY: _____

HUSBAND'S NAME (include middle initial): _____

HUSBAND'S EMPLOYER: _____

APPROVED DATE: _____ MEMBERSHIP CHAIRMAN: _____

OIL WIVES APPLICATION FORM

DATE: _____

NAME: _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

HOME PHONE (include area code): _____ CELL PHONE: _____

BIRTHDAY : _____ ANNIVERSARY: _____

HUSBAND'S NAME (include middle initial): _____

HUSBAND'S EMPLOYER: _____

APPROVED DATE: _____ MEMBERSHIP CHAIRMAN: _____

***NOTE: Make copies and keep completed application forms in your records.**