

**Cardinal Dames 2009-2010
Membership Form**

Name _____

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____ **Cell Phone** _____

E-Mail Address: _____

Would you prefer your monthly newsletter emailed: Yes No
(circle answer please)

Please return this form and your \$20 yearly Membership fee to:

**Amy Knochenmus
14003 Beckley Trace
Louisville, KY 40245**

Please make checks payable to The Cardinal Athletic Fund and note Cardinal Dames on your check.

**If you have any questions, please call (502) 254-7616 or
E-mail aknochen@bellsouth.net**