Blohards Membership Form

Please return to:

BLOHARDS c/o Julie Powers Killian 42 Forest Ave Rye, NY 10580

☐ Check here, if you	are a new member or you have a new address or ema	il.
Name:		
Street Address:		
State, City, Zip		
Phone:		
Email address*:		
* To be on Blohards	email list, go to www.blohards.com and add your em	ail directly.
Dues Type: ☐ Annual (\$20 ☐ Lifetime (\$1		
Paid by: ☐ Cash ☐ Check enclo	osed payable to BLOHARDS	
Official Use Only		
☐ Card Sent		