



DoNC 2019 Fall Membership Meeting

Greensboro, NC

Registration Form

(Please Print)

MCL Member Name: (first then last) _____

Address: _____

City: _____ State _____ Zip _____

Phone: Home (____) _____ Mobile: (____) _____

Email: _____

Detachment Name and Number: _____

MCL Member Number: _____ Position Held: _____

Spouse / Guest: Name: _____

Are You a Member? Yes__ No__ If Yes, Member Number _____

Total \$ enclosed for registration @ \$10 each x quantity _____ = \$ _____

Total \$ to be paid by detachment for registration @ \$10 each x quantity _____ = \$ _____

Total \$ enclosed for lunch tickets @ \$10 each x quantity _____ = \$ _____

Grand total enclosed \$ _____

A REGISTRATION FEE of \$10 should be sent to the following:

**MCL Det. 260
PO Box 10227
Greensboro, NC 27404**

The lunch will be available for a cost of \$10.
Please pay for this with your registration.

If you have questions, please contact Chuck Stotz / 336-681-4435 / cstotz@triad.rr.com

Thank you