



Associate Membership Application

Please complete this form and return it to an Active Bonnes Meres member. Our membership chair will reach out.

Name _____

E-Mail _____

Mailing Address _____

Phone (*home*) _____ (*mobile*) _____

1. Tell us a little about you.

2. How did you hear about Bonnes Meres?

3. Why are you interested in becoming an Associate Member of Bonnes Meres?

4. What questions do you have about membership or Bonnes Meres in general?

