



## APPLICATION TO RECEIVE MARINER

Please submit the following widows name to begin receiving the Mariner 4 times a year.

AUXILIARY NAMES AND NUMBER \_\_\_\_\_

MEMBERS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

9 DIGIT ZIP CODE \_\_\_\_\_ - \_\_\_\_\_.

This subscription is good from September 2009 thru August 2011. We will require that **ALL** subscriptions be renewed every two years in September.

If there is a change of address during this two year period, please notify the State Chair-couple Ed & Gerri Spence, 2375 Wedgewood Dr. W, Florissant, MO 63033, as we will be the only ones maintaining the mailing list. **DO NOT** notify your Grand Knight or District Deputy.

(Ladies Auxiliary President, please duplicate this form for as many members as you need)