

**Cardinal Dames 2007-2008
Membership Form**

Name _____

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____ **Cell Phone** _____

Email Address: _____

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

**Jenny Haeberlin
614 Foxgate Road
Louisville, KY 40223**

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

**If you have any questions or would like more information, please
contact Jenny Haeberlin: phone (502) 439-3096; or email
cardfanjen@insightbb.com**