



# Trois Voyelles Friends Membership Form

---

First Name

Middle Initial

Last Name

---

**BILLING** Address

---

City,

State

Zipcode

Please help yourself out and provide us a business address to ship to as the carriers require an adult signature and charge more for delivery to a residential address.

---

**SHIPPING** Street Address

---

City,

State

Zipcode

---

Phone Number

---

Email Address