

2026 KWHA JUVENILE AUXILIARY

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

PARENT NAME _____ (Must be member of KWHA)

EMAIL: _____

PHONE: _____

Membership Fee \$5.00

Please mail Membership Form & Fee to:

KWHAJA
c/o Peggy Bramerloh
440 Frogtown Road
Union, KY 41091