



MEMBERSHIP ENROLLMENT FORM

New

Renewal

Date: _____

1. Member Information

Last Name: _____ First Name: _____
Spouse/Partner's Name (if applicable): _____
Street Address: _____
City: _____ State: ____ Zip: _____ Phone: _____
*Email: _____
<i>Please write legibly and clearly indicate: (zero – 0) and (letter – O)</i>

****Please note that we need to have an accurate email for our records; your email address is required for you to receive your Username and Password to access the Members-only section of the site. You will also receive all Club communication via e-mail. Please check for accuracy.***

2. Member Profile

Marital Status: _____ Moved From: _____
Ages of Children (if applicable): _____

3. LNC Information

How did you hear about LNC? _____
Primary reason for joining LNC: _____
Are there any products, services, time or skills that you would be willing to donate to LNC? If so, please specify: _____
Would you ever be interested in volunteering on the board? _____



Membership Dues (Check One):**

- Family \$55
- Single \$35
- Gold Family \$35 (have held LNC family membership for more than 3 years)
- Gold Single \$23 (have held LNC single membership for more than 3 years)
- Past President

Please mail both pages of your completed Membership Enrollment Form and check for annual dues to:

Larchmont Newcomers' Club
Attn: Membership
PO Box 943
Larchmont, NY 10538

**Membership Dues pay for all of our operating costs, including our website, insurance, postage, etc., and also allow us to subsidize ticket fees for our events. Thank you for your continued support; we would not exist without our Membership!