



Longshore Lake Women's Club

Membership Application

Date: _____

Name: _____
(As you would like it to appear on your engraved name badge)

Spouse/Other: _____

Longshore Address: _____

Lot #: _____ (LLWC meeting meals will be charged to your Longshore account)

Preferred Phone:

Cellphone: _____ Landline: _____

E-mail Address _____

Birth Month & Day: _____

Area(s) of interest in LLWC: _____

\$40.00 Membership Dues. Please make your check payable to LLWC and mail it, along with the completed application, to: LLWC Membership, 4726 Turnstone Court, Naples, FL 34119.

Membership Checklist:

Add to Roster: _____

Order Name Badge: _____

E-Mail Board: _____

Check # : _____

Check to Treasurer: _____