



Longshore Lake Women's Club

Membership Application

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

Spouse/Other: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

Birth month and day: _____

Lot #: _____ (LLWC meeting meals will be charged to your monthly statement)

Areas of interest in LLWC: _____

Membership dues: \$40/year. Please make your check payable to LLWC; submit check and completed application to the Longshore Lake office.

Membership Chair Checklist:

Add to Roster

Order Name Badge

E-Mail LLWC Board

Check # _____