



Application for Membership

Name _____ Date _____
(Please print your name as you would like it to be listed in our directory)

Address _____ Apt. # _____ Zip _____

Telephone Number _____

Cell phone Number _____

Email address _____

Hobbies & Interests _____

#1 Member Sponsor Name _____

How long have you known her? _____

#2 Member Sponsor Name _____

How long have you known her? _____

Which of our Chapters are you interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Drama/Singers | <input type="checkbox"/> Mom's Timeout |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Garden | <input type="checkbox"/> Music |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Language/Italian | <input type="checkbox"/> Social/Evening |
| <input type="checkbox"/> Crafts and Creativity | <input type="checkbox"/> Language/Spanish | <input type="checkbox"/> Writers Workshop |
| <input type="checkbox"/> Current Readings | <input type="checkbox"/> L. I. Federation | |

Please submit your completed application to our Membership Chair:
email – Kathy Brand at kathybrand@aol.com OR
mail – Kathy Brand, 80-67 Grenfell Street, Kew Gardens, NY 11415