

LICMA MEMBERSHIP APPLICATION FORM

PLEASE PRINT ALL INFORMATION ON THIS FORM

Annual Membership - \$20.00 per person
(We need a separate EMAIL address for each person)

TODAY'S DATE _____

NAME: _____

NEW MEMBER _____ RENEWAL _____ MEMBERSHIP# _____

STREET/MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTHDAY MONTH/DAY: ___ / ___ EMAIL: _____

(Second Person)

NAME: _____

NEW MEMBER _____ RENEWAL _____ MEMBERSHIP# _____

STREET/MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTHDAY MONTH/DAY: ___ / ___ EMAIL: _____

Make check payable to: **LICMA (\$20 per person per year)**
Mail completed application form and check to:

LICMA
PO Box 0872
Commack, NY 11725-0872

Web Site: www.licma.org
Email: licma@licma.org