



# LOAF MEMBERSHIP APPLICATION

## PRIMARY MEMBER

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Apt./Unit #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Please check preferred # to call:**     Home     Cell     Work  
**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_  
**DOB:**    **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

## PARTNER INFORMATION

**Anniversary Date:** \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Apt./Unit #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Please check preferred # to call:**     Home     Cell     Work  
**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_  
**DOB:**    **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

## PUBLICATION / MEDIA

- All information may be published in the LOAF Newsletter and Confidential Telephone Directory.
  - All     Birthday     Email     Phone     Address     Partner     Name Given in Event Activities
- No information is to be published in the  LOAF Newsletter and/or the  Confidential Telephone Directory.
- I wish to receive LOAF's Official E-group Presidential Messages.

## MEMBERSHIP FEES

Please submit to a Membership Committee Member with a check payable to LOAF, Zelle from your bank to [loafhouston.tx@gmail.com](mailto:loafhouston.tx@gmail.com), or Mail to:

- LOAF  
P.O. Box 7207  
Houston, Texas, 77248-7207

**\$30 for single membership or \$45 for partner membership**

Membership Effective Date: \_\_\_\_\_