



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.

ADMINISTRATION FEES

Please submit via Zelle from your bank to loafhoustonTX@gmail.com, or to a Membership Committee Member with a check payable to LOAF, or Mail to:

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

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

Membership Effective Date: _____