



LIVONIA NEIGHBORS and FRIENDS

MEMBERSHIP FORM

2021 - 2022
 14115 Golfview
 LIVONIA, MI 48154

DATE: _____	NEW MEMBER <input type="checkbox"/>	RETURNING MEMBER <input type="checkbox"/>
Please PRINT clearly!		Has ANY of your information changed since last year? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME: (last) _____ (first) _____		
STREET ADDRESS: _____		
CITY: _____		ZIP CODE: _____
TELEPHONE: (home) () _____		CELL PHONE: () _____
		Is it OKAY to publish your cell phone number in the Club's Roster Book? Please check one: YES <input type="checkbox"/> NO <input type="checkbox"/>
BIRTHDAY: (month/day) _____		
EMAIL: _____ @ _____		
HUSBAND'S NAME: _____		
NEW MEMBERS - Please complete this section.		
Hobbies & Interests: _____		
How did you find out about Livonia Neighbors & Friends? (check one or more)		
<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> A FRIEND _____ <input type="checkbox"/> CLUB FLYER <input type="checkbox"/> CHAMBER OF COMMERCE <input type="checkbox"/> WEB SITE <input type="checkbox"/> OTHER _____		

CLUB USE ONLY			
DUES PAID: _____	DATE: _____	FY _____	HY _____
AMOUNT: \$ _____	CK _____	CASH _____	COLOR CODE: _____