



# LOAF MEMBERSHIP APPLICATION

## PRIMARY MEMBER (\*Required Informaion)

**First Name:\*** \_\_\_\_\_ **Last Name:\*** \_\_\_\_\_  
**Street Address:\*** \_\_\_\_\_ **Apt./Unit #:** \_\_\_\_\_  
**City:\*** \_\_\_\_\_ **State:\*** \_\_\_\_\_ **Zip:\*** \_\_\_\_\_  
**Email Address:\*** \_\_\_\_\_ **Phone Number:\*** \_\_\_\_\_ **DOB (M/D/Y):\*** \_\_\_\_\_

## PARTNER INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

## PUBLICATION / MEDIA

Please check what information may be published in LOAF's eNewsletter.\*

- Name       Birthday       Photo (incl. event photos)  
 Do not publish any of my information

Please check what information may be published in LOAF's online confidential member directory:\*

- Name       Address       Phone       Email  
 Photo       Age       Birthday       Partner's Name  
 Do not publish any of my information

Name of a LOAF member who already knows you: \_\_\_\_\_

Check multiple boxes:

I may at some time be interested in volunteering with LOAF in the following ways (training is provided):

- Welcoming new members at events       Sending out birthday cards       Care Team Calls  
 Sharing ideas for events       Researching grants       Applying for grants  
 Assisting with TheaterLOAFers       Assisting with ActiveLOAFers  
 Assisting with weekday Lunch Bunch       Uploading Photos to the website  
 Assisting with the eNewsletter       Other administrative tasks

## Bio for my Membership Profile (optional)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Scholarship Check box (scholarship information is kept confidential)

Scholarship - I am requesting a scholarship for the following reason(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_