

THE LAWRENCE ASSOCIATION

MEMBERSHIP APPLICATION

JOIN US! Please Support Us As We Support You.

To join Your Lawrence Association, print and complete the application below and submit with payment.

Name: _____

Name: _____

Address: _____

Email: _____ Email: _____

Phone: (H) _____ (C) _____

Annual dues for each Membership including Family Membership (husband & wife).

MEMBERSHIP JULY 1 – JUNE 30

Annual Dues 2018/2019: \$25.00

Dues with Voluntary Contribution: \$50.00 \$100.00

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Membership is open to any legal resident and/or taxpayer of the Incorporated Village of Lawrence, who is 18 years or older.

Please mail annual dues via check to:

The Lawrence Association

P.O. Box 101

Lawrence, NY 11559

Thank you for your generosity. We appreciate your support.