

# **LICMA MEMBERSHIP APPLICATION FORM**

**PLEASE PRINT ALL INFORMATION ON THIS FORM**

Annual Membership - \$20.00 per person  
(We need a separate EMAIL address for each person)

TODAY'S DATE \_\_\_\_\_

NAME: \_\_\_\_\_

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ MEMBERSHIP# \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTHDAY MONTH/DAY: \_\_\_\_ / \_\_\_\_ EMAIL: \_\_\_\_\_

**(Second Person)**

NAME: \_\_\_\_\_

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ MEMBERSHIP# \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTHDAY MONTH/DAY: \_\_\_\_ / \_\_\_\_ EMAIL: \_\_\_\_\_

Make check payable to: **LICMA (\$20 per person per year)**  
Mail completed application form and check to:

**LICMA**  
**PO Box 0872**  
**Commack, NY 11725-0872**

Web Site: [www.licma.org](http://www.licma.org)  
Email: [licma@licma.org](mailto:licma@licma.org)