

LONG ISLAND FLUTE CLUB MEMBERSHIP APPLICATION 2024-2025

NAME _____

ADDRESS _____

HOME # _____ CELL # _____

E-MAIL _____

| | |
|---------------------------|-------|
| ____ Student 18 and under | \$25 |
| ____ Senior 62 and over | \$25 |
| ____ Adult | \$30 |
| ____ Sponsor | \$40 |
| ____ Corporate/business | \$100 |

Do you wish your name to be distributed to flute related businesses? Y N

Donation to the LIFC Commission Fund: \$ _____.

Total enclosed: \$ _____.

Please make your check payable to **LIFC Inc.** and mail to:

Lauren Osnato
LIFC Membership Chairperson
143 Melrose Avenue
Massapequa, NY 11758