



## *Membership Application*

Individual - \$25.00 per year • Family - \$40.00 per year  
 Corporate/Business - \$100.00 per year  
 [LNCF Year is March 1 - February 28]

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

*If Family Membership: Family members (spouse and children under 18 years of age)*

Spouse \_\_\_\_\_ Email \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_

**Payment Information:**

Check enclosed, payable to **Lake Norconian Club Foundation**, for the amount of \$ \_\_\_\_\_

Please charge the amount of \$ \_\_\_\_\_ to my credit card:

Card Number \_\_\_\_\_

CID Number\* \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Visa, MC, Disc: The last 3 digits of the card number printed in the signature space on the back of the card.)

(AmEx: The 4 digits printed above the card number on the front of the card.)

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*I authorize the Lake Norconian Club Foundation to make a one-time charge against my charge account in accordance with the amount I indicated as the total.*

Cardholder's Signature \_\_\_\_\_

Scan & Email completed application to <a href="mailto:admin@lakenorconianclub.org">admin@lakenorconianclub.org</a> or Mail to: LNCF, P.O. Box 7672, Norco, CA 92860	For office use:
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The Lake Norconian Club Foundation is a 501(c)3 non-profit organization.