



Supporting Member Renewal Form

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/or children under 18 years of age)

Spouse _____ Email _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Payment Information:

Membership \$ _____

Additional Donation \$ _____

Total Enclosed \$ _____

Check enclosed, payable to LNCF

Please charge my credit card:

Card Number: _____ CID/CVV Number: _____

Expiration Date: ____ / ____ / ____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ ZIP _____

Signature _____

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