



## APPLICATION FOR ASSOCIATE MEMBERSHIP

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
(one name only please)

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Spouses name \_\_\_\_\_ Spouse email address \_\_\_\_\_

Children's Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Proposer 1: \_\_\_\_\_

Name of Proposer 2: \_\_\_\_\_

*This form will be forwarded to The Lanam Club, Attn: Geoff Piva, PO Box 8, Andover, MA 01810*

I acknowledge and agree that, if my application is approved by the Board of Directors, annual dues of \$2000 with apply or monthly dues payable of \$175.00 per month. Also, a monthly fee of \$25 is added to the Club Enhancement Fund. Finally, a minimum food and beverage expense of \$100.00 for 10 months (excluding January and July).

Signature of Applicant: \_\_\_\_\_

**For Office Use Only:**

Member # \_\_\_\_\_

Effective Date \_\_\_\_\_