

THE LOMA SOCIETY OF GREATER NEW YORK 2016 MEMBERSHIP APPLICATION



Greater New York

APPLICANT INFORMATION			
Name: _____			
Designation(s): _____		Phone: () - _____	
Current Address: _____			
City: _____		State: _____	ZIP Code: _____
E-mail (Preferred): _____			
E-mail (Alternate): _____			
COMPANY INFORMATION			
Company: _____			
Employer Address: _____			
City: _____		State: _____	ZIP Code: _____
Phone: () - _____		Title: _____	
MEMBERSHIP TYPE (SELECT ONE)			
Full Member <small>Has earned a LOMA Designation</small>	\$30	New member <input type="checkbox"/>	Renewal <input type="checkbox"/>
Associate Member <small>Educational or Principal Representative to LOMA; active LOMA student who has taken an exam within the last 2 years</small>	\$30	New member <input type="checkbox"/>	Renewal <input type="checkbox"/>
Retired Member <small>Has earned a LOMA Designation and is currently retired</small>	\$0	New retiree <input type="checkbox"/>	Renewal <input type="checkbox"/>
I'M INTERESTED IN JOINING THE FOLLOWING SOCIETY COMMITTEE(S):			
Archives <input type="checkbox"/>		Finance <input type="checkbox"/>	
Audit <input type="checkbox"/>		Membership <input type="checkbox"/>	
Communication <input type="checkbox"/>		Nominating <input type="checkbox"/>	
Community Affairs <input type="checkbox"/>		Program <input type="checkbox"/>	
Education <input type="checkbox"/>		Technology <input type="checkbox"/>	
SIGNATURE			
I hereby apply for membership in the LOMA Society of Greater New York.			

X _____ Date: _____
Signature Required

Please send this form and your \$30 check (made payable to LOMA Society of Greater New York) to our 2016 Treasurer:

Dan Williams
1576 Westfield Ave
Clark, NJ 07066