



Loners on Wheels, Inc.

1795 O'Kelley Rd SE Deming, New Mexico

(575) 544-7303

lonersonwheels@gmail.com

Membership Application/Renewal Form

New Application ____ Renewal (membership has not expired) ____ Rejoining Member (membership has expired) ____

Name _____ (The name you want printed on your badge) _____

Email Address _____

Permanent Mailing Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Male ____ Female ____ Birthdate _____

PLEASE CIRCLE DOLLAR AMOUNT

MEMBERSHIP RATES (US)

1 Year \$45.00 Includes email newsletter

2 Years \$85.00 Includes email newsletter

3 Years \$125.00 Includes email newsletter

5 Years \$210.00 Includes email newsletter

Newsletter by US Mail (add \$10.00 per year)

Emergency Contact (No Medical Info) \$1.50

Amount Enclosed: US Dollar \$ _____

MEMBERSHIP RATES (Outside US)

1 Year \$45.00 Includes email newsletter

2 Years \$85.00 Includes email newsletter

3 Years \$125.00 Includes email newsletter

5 Years \$210.00 Includes email newsletter

Newsletter by Post (add \$15.00 per Year)

(ALL FUNDS MUST BE IN US DOLLAR)

CLUB USE
TYPE
PAID BY
DATE
STATE
ICE
POSTAGE
YEARS
OTHER

MEMBERSHIP REQUIREMENT

To become a member of Loners on Wheels, you must be legally single. Your signature at the end of the Simple Statement is a testament to the fact.

If you should marry while being a member, your membership is automatically terminated.

When attending official LoW events, you must conduct yourself as a single individual at all times.

LoW reserves the right to edit the information furnished on this application. Your signature below indicates your agreement that all information given may be printed in our annual directory. If there is information asked for that you do not wish to have put in print, and then do not fill out that portion.

SIMPLE STATEMENT

I understand that the one specific and absolute prerequisite for eligibility of Loners on Wheels is that I be single--unmarried--and that if I should become married while a member, that act will automatically terminate my membership. I further understand that the LoW directory is to be held confidential, and that I will never use it, or knowingly allow it to be used, for other than my personal exclusive use.

Signature: _____ Date: _____

The year and month your membership expires is indicated on our membership card and your address labels. More than two months past due and you will be dropped from our rolls.

EMERGENCY INFORMATION FOR YOUR MEMBERSHIP CARD

(Must Fit in Area 1" x 3 1/4" Additional Cost of \$1.50)

Name _____ Relationship _____ Phone Numbers _____

Doctor's Name & Phone Number _____