

# *Membership Application*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

_____ Student	18 and under	\$20
_____ Senior	62 and over	\$20
_____ Adult		\$25
_____ Sponsor		\$35
_____ Corporate/business		\$100

Do you wish your name to be distributed to flute related businesses? \_\_\_Y\_\_\_N

Please make your check payable to **LIFC Inc.** and mail to:

**Debra Schild**  
**LIFC Membership Chairperson**  
**141 Fourth St.**  
**St. James, NY 11780-2211**