

LCCC MEMBERSHIP FORM

*If you are interested in becoming a member of the Community Center, please fill out the form below and return with payment by mail or **visit www.lccenter.com***

Little Compton Community Center
PO Box 926
Little Compton, RI 02837



Date: _____

Name: _____

Family Members (For Family Membership household members must live at same address): _____

Contact Information

Email: _____

Phone: _____

Primary Address: _____

Use for Mailing: All year or from _____ to _____

New Member **Membership Renewal**

Senior or Military Individual \$10

Senior or Military Family \$15 Individual \$20

Family \$35 Non-Profit \$75 Corporate \$90

In addition to or instead of membership, I would like to make a tax-deductible donation of \$_____.

I would like to volunteer in the following way:

 I/we have included the LCCC in our estate plan.