THE LOMOND ASSOCIATION

MEMBERSHIP APPLICATION FORM

Please complete this form and mail it, along with your contribution made out to The Lomond Association, P.O. Box 201814, Shaker Heights, Ohio 44120

Name _____

Street Address _____

City _____ *State* _____ *Zip code* _____

Home phone _____ *Alternate phone* _____

Email _____ *Fax* _____

I have enclosed my $15 membership dues for the following year(s):

___ *October, 2010-October, 2011*

___ *October, 2011-October, 2012*

I am interested in the following topics:

_____ Association Socials
_____ Community Relations
_____ Elections
_____ Membership
_____ Property Issues
_____ Street Captains
_____ Communications (website/newsletter)
_____ Education
_____ Fundraising
_____ Neighborhood Beautification
_____ Safety
_____ Youth Services

____ Other_____
(please specify here)

I understand that by signing below that I will be listed in The Lomond Association membership roster and I am therefore entitled to be contacted at various times of the year to participate in fun activities, social events and exciting meetings.

(Signature) _____
date

Once your check has cleared you will receive via snail mail or e-mail (please circle your choice) a receipt, proof that you are an active member.

All returned Checks are subject to a $25.00 fee and any bank fees that apply.

Every member counts. Thank you for your support!

Find out more by visiting our website www.lomondonline.com or email us at lomond.association@gmail.com