

# Long Island Quaker Charities, Inc. Membership Application

Applicant's Name: \_\_\_\_\_

Applicant's Home address: \_\_\_\_\_

Telephone Number you prefer to be reached at: \_\_\_\_\_

Email address, if any, you prefer to receive notices at: \_\_\_\_\_

Please check the County in which you live:

Brooklyn       Queens:       Nassau:       Suffolk:

Do you presently belong to a Monthly Meeting?

If Yes, name of Monthly Meeting: \_\_\_\_\_

If No, name of last Monthly Meeting you last belonged to: \_\_\_\_\_

Area of Expertise, if any: \_\_\_\_\_

Do you presently have time for active involvement and if so how much and in what capacity ?

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Name

**Application should be mailed to:**

James C. Schultz, Treasurer

12 South Dr., Lake Ronkonkoma, NY 11779

together with a check for \$50 made payable to LIQC, Inc.