

LCCC Membership Form

Date ___/___/___

Name _____

Spouse _____

Children _____

Contact Information

Email _____

Phone _____

Primary Address

Use for mailing: All year or from ___ to ___

- New Member** **Membership Renewal**
- Individual \$15 Family \$35
- Supporter \$50 Patron \$100
- Benefactor \$250 Non-Profit Org. \$75
- Corporate Member \$90
- Corporate Patron \$250
- Corporate Benefactor \$500

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 LCCC in our estate plan

Please return with your check to Little Compton Community Center, PO Box 926, Little Compton, RI 02837. Thank you for your generous support!