
SEACOAST NEWCOMERS CLUB MEMBERSHIP FORM

PLEASE PRINT LEGIBLY

DATE _____

Name:

Email Address:

(An email address is required to log on to the Members Only portion of the SNC website)

Local Address:

City/Town: _____ State: _____ Zip Code _____

Mailing address if
different _____

Home Phone w/ area code: _____ Cell w/area code _____

Birthday (month/day)_____/_____/_____ Spouse Name:_____

How did you hear about Seacoast Newcomers Club?

Recently from _____ Special Interests _____

Would you be interested in starting a Special Interest Group? Y____ N____ Maybe_____

Would you be interested in serving on our board? Y____ N____ Maybe_____

Do we have your permission to put your photo on the Members Section of the website? Y____ N____

Membership dues for the full club year are \$30.00. New members joining between January 1st and June 30th, pay a pro-rated dues amount of \$15. Five dollars of all dues collected are allocated to the designated charity.

If you have any questions, please email Sherri Lagana at selagana@gmail.com

Please mail the completed application to:

Seacoast Newcomers Club
c/o Sherri Lagana
650 South Road
Rye, NH 03870