

Long Island Center for Independent Living

Membership Application

One Year Membership:

\$5

Contribution:

\$25 \$50 \$100 \$200 \$500 other

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Comments _____

Please make checks payable to:

LICIL

Mail your check & this form to:

Long Island Center For Independent Living, Inc.

3601 Hempstead Turnpike Suite 208

Levittown, NY 11756

Thank you for your generosity.