

THE LAFF SOCIETY

Promoting Social and Professional Contacts Among Former Staff Members of
The Ford Foundation

DATE _____

APPLICATION FOR MEMBERSHIP MEMBERSHIP RENEWAL

Name First _____ Middle _____ Last _____

Dates of service at Ford Foundation (years) _____ to _____

Foundation unit _____

Current Position - Title _____

- Organization _____

Work address Street or P.O. Box _____

City _____ State/Province _____ Zip code _____ Country _____

Home address Street or P.O. Box _____

City _____ State/Province _____ Zip code _____ Country _____

E-Mail address(es) _____

Telephone (Include area code and, if outside the U.S., country and city code.)

Day _____ **Evening** _____ **Cell** _____

To speed up delivery and to reduce costs, LAFF plans to communicate primarily by electronic means.

MEMBERSHIP

I wish to enroll/extend my membership for: 3 yrs /\$55 10 yrs/\$150 Life/\$250

I am adding a donation in the amount of: \$ _____ Total enclosed: \$ _____

Please make checks payable to The LAFF Society and mail to:

Nellie Toma, Secretary-Treasurer, The LAFF Society
PO Box 701107, East Elmhurst, NY 11370

You can also pay by credit card on our website at <http://www.laffsociety.org/dues.asp>

Dues and donations are not deductible as charitable contributions for federal income tax purposes. If you cannot send a U.S. bank check or charge to a U.S. credit card and you want to send a wire transfer, please contact Nellie Toma at treasurer@laffsociety.org for further instructions.