

# THE LAFF SOCIETY

For the men and women engaged in Life After the Ford Foundation

**APPLICATION FOR MEMBERSHIP**

**MEMBERSHIP RENEWAL**

**Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Dates of service at Ford Foundation (years) \_\_\_\_\_ to \_\_\_\_\_

Foundation unit \_\_\_\_\_

**Current Position** Title \_\_\_\_\_

Organization \_\_\_\_\_

*Indicate by checking the appropriate boxes which address(es), telephone number(s) and email address(es) you prefer to have listed in the LAFF directory.*

**Work address** Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zipcode \_\_\_\_\_ Country \_\_\_\_\_

**Home address** Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zipcode \_\_\_\_\_ Country \_\_\_\_\_

**Email address** \_\_\_\_\_

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

Day \_\_\_\_\_  Evening \_\_\_\_\_  Cell \_\_\_\_\_

Fax \_\_\_\_\_

To speed up delivery and to reduce costs, LAFF plans to communicate primarily by electronic means. If you do not have email access, please indicate to which address you prefer we send the newsletter.  Home  Work

## MEMBERSHIP

I wish to enroll/extend my membership for:  1 yr /\$10  3 yrs /\$25  10 yrs/\$50  Life/\$100

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, Flushing, NY 11370

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

Dues 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, please arrange an international wire transfer to Washington Mutual Bank, 360 E. 57<sup>th</sup> St., New York, NY 10022. Swift Code – WMBUS 66/LAFF Society Account 937-6190735. Account address: c/o Nellie Toma, 31-21 75th Street, East Elmhurst, NY 11370 US.