

**Lamorinda Movers**  
**Activities for adults ages 55+**

**MEMBERSHIP APPLICATION FOR 2022**

**Your Dues are Tax Deductible, \$30 Per Person, \$50 Per Couple.**

**Please return completed application and your check to:  
Lamorinda Movers, P.O. Box 13, Moraga, CA 94556**

**NAME: (FIRST) \_\_\_\_\_ LAST \_\_\_\_\_**

**NAME: (FIRST) \_\_\_\_\_ LAST \_\_\_\_\_**

**STREET ADDRESS: \_\_\_\_\_**

**CITY/STATE/ZIP: \_\_\_\_\_**

**HOME PHONE NUMBER WITH AREA CODE: \_\_\_\_\_**

**CELL NUMBER WITH AREA CODE: 1ST \_\_\_\_\_ 2ND \_\_\_\_\_**

**E-MAIL: 1ST \_\_\_\_\_ 2ND \_\_\_\_\_**

**EMERGENCY CONTACT: NAME \_\_\_\_\_ TEL. # \_\_\_\_\_**

**BIRTHDAYS:**

**FIRST NAME \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_**

**SECOND NAME \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_**

**INTERESTS:**

**MONTHLY DINNERS: \_\_\_\_\_ BRIDGE: \_\_\_\_\_ BOCCE BALL: \_\_\_\_\_ MAHJONGG: \_\_\_\_\_**

**TRIPS THRU MORAGA RECREATION CENTER: \_\_\_\_\_**

**I AM INTERESTED IN BECOMING A VOLUNTEER ON THE BOARD: YES \_\_\_\_\_ NO \_\_\_\_\_**

**HOW DID YOU HEAR ABOUT US: NEWSPAPER \_\_\_\_\_ FRIEND \_\_\_\_\_ OTHER: \_\_\_\_\_**

**REFERRED BY (ONLY ONE NAME) \_\_\_\_\_**

**DONATIONS:**

If, in addition to your dues, you would like to make a tax deductible donation to the Lamorinda Movers, please show your level of support below. Thank you very much for your donation. Lamorinda Movers is a 501(c)3 non-profit corporation of the IRS code.

**OPTIONAL DONATION \$ \_\_\_\_\_**

