



**Membership Application/Renewal Form
(Rev. Aug 2021)**

Loners on Wheels, Inc.

1795 O'Kelley RD SE

Deming, New Mexico 88030

Phone: (575) 544-7303

Email: lonersonwheels@gmail.com

New Application ____ Renewal (membership has not expired) ____ Rejoining Member (membership has expired) ____

Refer By (So we can say Thank You) _____

Profile

Name _____

The name and state you want printed on your badge.

Name _____ State or (FT for time) _____

Email Address _____ Birthdate: Month _____ Year _____

Permanent Mailing Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Male ____ Female ____ (Optional) Occupation (If Retired, Previous) _____

Do you wish your above profile to be seen by other members in the online directory? Yes ____ No ____

State or (FT for full time) you want listed in the Directory ____ Note: Only other LoW Members have access to the directory.

PLEASE CIRCLE DOLLAR AMOUNT			
1 Year - \$45.00	2 Years - \$85.00	3 Years - \$125.00	5 Years - \$210.00

All Memberships include Email Newsletter

Newsletter by US Mail Add \$15.00 Per Year (Only Addresses inside The U.S.)

Newsletter Outside the US Delivered by Email Only

Emergency Contact in Membership Directory (Free), Emergency Contact on Membership Card add \$2.00

Amount Enclosed: US Dollars Only \$ _____

MEMBERSHIP REQUIREMENT

To become a member of Loners on Wheels, you must be legally single. Your signature at the end of the Simple Statement is a testament to the fact.

If you should marry while being a member, your membership is automatically terminated.

When attending official LoW events, you must conduct yourself as a single individual at all times.

SIMPLE STATEMENT

I understand that the LoW directory is to be held confidential, and that I will never use it, or knowingly allow it to be used, for other than my personal exclusive use.

Signature: _____ Date: _____

The year and month your membership expires is indicated on your membership card.
More than two months past due and you will be dropped from our rolls.

OPTIONAL INFORMATION FOR MEMBERSHIP CARD AND DIRECTORY

IF YOU PAID + \$2.00 ABOVE, EMERGENCY CONTACT INFORMATION WILL BE ADDED ON YOUR MEMBERSHIP BADGE, IF NOT YOUR EMERGENCY INFORMATION WILL ONLY BE LISTED IN OUR DATABASES.

(NO MEDICAL INFO)

Name _____ Relationship _____ Phone Numbers _____