



Tacoma Lesbian Concern Membership Form

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email Address _____

Birth Month _____ Anniversary Month _____

Partners Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email Address _____

Birth Month _____

Other Information e.g. Children, Vocation, Interests/Hobbies, etc _____

Full Membership: \$45 per couple or \$30 per single

I/We would like to join TLC but finances do not allow it. I/We can pay \$_____ towards dues and would like the remainder to be a scholarship. (No questions asked – just enclose what, if anything you can pay.)

Newsletter Only: \$15 per year (would you like your newsletter delivered in an envelope?) Y/N

In addition to dues, I/We would like to make a tax-deductible donation to TLC in the amount of \$_____ (These funds help to pay for those who are not able to pay)

Make checks payable to TLC and mail them along with the registration form to:

TLC
P.O. Box 947
Tacoma, WA 98401

For questions please email www.tacomalc@comcast.net or call Necia at 253-459-2636