

Please fill this out, sign it
and remit with your
check, Payable to
Tall Club of LI,
at a meeting or mail it to....



Date: _____

Member Pd: _____

Ht: _____ Init: _____

**PO Box 1653
Valley Stream, LI, NY 11582**

**516-616-3320
TallClubOfLongIsland@nyc.rr.com**

TCLI Membership Application

ALL NEW and RETURNING MEMBERS MUST FILL THIS OUT

(Subject to Height Verification)

Please Print Clearly

Name: _____ Height: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: { } Email: _____

Marital Status: _____ Birthday Month/Date: _____

Business Name: _____ Occupation: _____

Business Address: _____

Business Phone: { } Cell Phone: { }

Where You Heard of the Tall Club: _____

Contact In Case Of Emergency: (Name) _____ (Phone) _____

**DO WE HAVE YOUR PERMISSION TO INCLUDE YOUR INFORMATION IN A PERIODICALLY
DISTRIBUTED LIST TO ALL OUR MEMBERS?**

Yes _____ No _____ **NOTE: LEAVING THIS BLANK IS THE SAME AS A "YES"**

Signature: _____

(WE NEVER SELL OUR MEMBERSHIP LIST)

Please list three activities you enjoy:

1. _____

2. _____

3. _____