



LONG ISLAND COALITION for LIFE, Inc.
P.O. BOX 223 • RONKONKOMA, N.Y. 11779 • (631) 243-1435
P.O. BOX 247 • OLD BETHPAGE, N.Y. 11804 • www.ProLifeLI.org

MEMBERSHIP GUIDELINES

Any group wishing to apply for membership in the Long Island Coalition for Life (LICL) shall complete a membership application and address it to the attention of the **MEMBERSHIP COMMITTEE**.

An application must be sponsored by a member group in good standing (LICL will discuss with you).

Please include the following, as applicable, with application:

A. Applications from groups affiliated with a church, temple or synagogue must be accompanied by a letter on letterhead requesting membership, signed by an administrator or officer of the church, temple or synagogue.

OR

B. Applications from chapters of state or national organizations (e.g., A.O.H. or K of C) must be accompanied by a letter on official letterhead signed by a senior officer of the local chapter.

OR

C. Applications from groups not in any of the above categories must be accompanied by information concerning their group that can be verified by the membership committee, for example:

- List of group's officers.
- Schedule of regular meetings.
- Primary activities and purpose of the group.
- Number of members of the group.
- Copies of publications/newsletters issued by the group, if available, and any other data that would assist the membership committee in evaluating the membership application.

The membership committee is responsible to review all applications to ensure that the applicant's goals are in unison with those of the LICL and that the applicant has received the By-laws of the LICL.

All applications for membership, following a period of review, will be presented to the membership with a recommendation for approval or denial. This period of review should be completed within 60 days of the date of receipt of the application.

Annual membership dues are \$60.00 payable to the Long Island Coalition for Life and must be submitted with this application. Per Article III, Section 2 of the LICL Bylaws, dues for groups joining after June are pro-rated for the balance of the year applying, plus the full year's dues for the following year.

Application on reverse side

MEMBERSHIP APPLICATION (New _____ Revised _____) Date: _____
Membership in the Long Island Coalition for Life (LICL) is open to groups on Long Island whose primary purposes are working to protect and promote respect for innocent human life from conception/fertilization until natural death. Member groups agree to abide by the By-laws of the Long Island Coalition for Life.

NAME OF ORGANIZATION: _____

Address: _____ City: _____ Zip: _____

PRIMARY voting member/contact person: _____

Address: _____ City: _____ Zip: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____

FIRST ALTERNATE: _____

Address: _____ City: _____ Zip: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____

SECOND ALTERNATE: _____

Address: _____ City: _____ Zip: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____

THIRD ALTERNATE: _____

Address: _____ City: _____ Zip: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____

Number of members in organization: _____

Geographic area of operation/concern: _____

Purpose/activities of organization: _____

This completed application together with dues (see reverse) must be received by the **Membership Committee** at least one month before affiliation with the LICL is to be voted upon. Upon acceptance by the LICL, a newly affiliated group will be eligible to vote at the meeting after the meeting at which it is accepted. Notices of meetings will be sent to the primary voting member/contact person listed on this application. Revisions to this application must be made in writing (paper/electronic), and signed by the person submitting the change, to the Secretary/Membership Committee designee at least ten (10) days prior to the meeting at which they are to take effect.

Primary/Alternate Signature (new or revised application) _____ Sponsor Signature (new application only) _____

----- **DO NOT WRITE BELOW** -----

Date of acceptance of affiliation: _____ Dues paid / Date \$ _____

Sponsoring Group: _____