



Membership Application

If you enjoy working with people of like interests and feel that you would like to contribute to our goals of supporting Littleton Regional Hospital, please consider joining us. The dues are \$15 per year or \$75 for a lifetime membership. You will be placed on our mailing list and will be kept informed about meetings and activities. Please use the form next to this section to request additional information or join our group.

We look forward to hearing from you!

Date: _____ / _____ / _____
Month Day Year

Name (please print): _____

Mailing Address: _____

Telephone: (_____) _____ - _____

Email: _____

Amount Enclosed: _____

Please mail your membership dues to:

Kay Lofgren, Membership Chair
754 Manns Hill Road
Littleton, NH 03561

For additional information, please call Kay Lofgren at (603) 444-8966 or
klofgren16@yahoo.com.