



East Greenwich Cowesett  
NEW NEIGHBORS

PLEASE PRINT CLEARLY – This information is used to compile our directory, our e-mail database, to make name tags, and for any mailings.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Birthday: Month/Day: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relocated from (City, State): \_\_\_\_\_

Children (Please give age in month and year of birth)\_

Name Age: \_\_\_\_\_ Name Age: \_\_\_\_\_

Name Age: \_\_\_\_\_ Name Age: \_\_\_\_\_

Name Age: \_\_\_\_\_ Name Age: \_\_\_\_\_

Include teenager's name and age if they are interested in babysitting for member's children:

Name and age: \_\_\_\_\_

*\* Please check here if this is a renewal of your membership: \_\_\_\_\_*

**How to join...**

1. You may initiate membership if you have moved here within the past two years ago or have had a change of life style such as having children, quitting work or retiring. Membership chairs will be glad to discuss this with you. (Circle which change of life pertains to you)
2. Club Website: www.EGCNN.org (You will receive your ID & Password in a welcome email once we receive your paid application).
3. Complete this membership form.
4. Make check for \$30 payable to East Greenwich-Cowesett New Neighbors Club (EGCNN). \*If you are joining mid-year, between February 1st through June 30th, the fee is \$18 (you will still need to renew your membership September 1st for \$30).
5. You will receive a complimentary directory. If you would like additional directories include an additional \$5.00 per directory, with your payment. Number of additional directories: \_\_\_\_\_
6. Mail form and check to:

**EG-Cowesett New Neighbors Club**  
**P.O. Box 711, East Greenwich, Rhode Island 02818**  
**Attn: Membership**

I understand that the membership directory and any member's personal contact information is to be used solely for the purpose of communicating club information and business only, and should not be used for any other purpose without that member's permission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only:

Membership #: \_\_\_\_\_ Check #: \_\_\_\_\_ Date received: \_\_\_\_\_ Treasurer:

\_\_\_\_\_ Directory: \_\_\_\_\_ Webmaster: \_\_\_\_\_

Name Tag: \_\_\_\_\_ Membership Year: \_\_\_\_\_ Welcome e-mail: \_\_\_\_\_