

The Tiffany Club of New England, Inc.
PO Box 540071, Waltham, MA 02454-0071
membership@tcne.org

Membership Application Form

Hostess/Interviewer Name: _____ Date: _____

By what name would you like to be known as within Tiffany?

Adopted First Name: _____ Adopted Last Name: _____

Email address: _____

Telephone Number: _____

How did you find out about Tiffany Club? _____

Mail: Would you like to receive mail from Tiffany? (All Tiffany mailings are done discreetly)

Yes, I would like to receive mail from Tiffany.

No, I do not want to receive mail from Tiffany.

If Yes, Then complete Mailing Information:

First Name: _____ Last Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Payment Information: (If member pays by check, please write check number in space provided. If paying by credit card, please note type of card (MasterCard, visa, etc), make sure you have copied all 16 digits and the expiration date of the card.)

Check: _____ Cash: _____ Credit Card #: _____

Name on Credit Card: _____ Expiration Date: _____

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