

THE TIFFANY CLUB OF NEW ENGLAND (TCNE)
PO BOX 540071, WALTHAM, MA 02454-0071
INFO@TCNE.ORG

Hostess / Interviewer Name _____ Date: _____

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

Adopted First Name: _____ Adopted Last Name: _____

Email Address (optional but recommended): _____

Telephone Number (optional): _____

Please provide as much information as you are comfortable with.

First Name: _____ Last Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Payment information: If member pays by check, write the check number in the space provided. If paying by credit card, please note the type of card (Master Card or Visa) and make sure you have copied all 16 digits, expiration, security code and zip. Standard Membership is \$65/year.

Check: _____ Cash: _____ Credit Card: _____

Credit Card #: _____

Name on Card: _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

Updated 2/17/14