



## LCRCC MEMBERSHIP APPLICATION FORM

NAME: \_\_\_\_\_ AMA#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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### MEMBERSHIP TYPE:

RETIRED - \$48.00 (\$4.00 per month)

JUNIOR - \$18.00 (\$1.50 per month)

REGULAR - \$60.00 (\$5.00 per month)

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Dues Starting \_\_\_\_ / \_\_\_\_ months remaining in year \_\_\_\_\_

Retired Membership X \$4.00 per month \_\_\_\_\_

Junior (under 18 ) Membership X \$1.50 per month \_\_\_\_\_

Regular Membership X \$5.00 per month \_\_\_\_\_

Total \_\_\_\_\_

**Please bring your completed Membership Application Form including payment (cash or check payable to "LCRCC") to a LCRCC meeting.**

Date Submitted: \_\_\_\_\_

Check #: \_\_\_\_\_