

LCRCC MEMBERSHIP APPLICATION FORM

NAME: _____ AMA#: _____ D.O.B. _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE #: _____ EMAIL ADDRESS: _____



MEMBERSHIP TYPE: RETIRED \$48.00 (\$4.00 per month)
(Please check only one)

JUNIOR \$18.00 (\$1.50 per month)

REGULAR \$60.00 (\$5.00 per month)



Dues starting ___/___/___ months remaining in year _____

Junior (under 18) membership X \$1.50 per month _____

Regular membership X \$5.00 per month _____

Retired membership X \$4.00 per month _____

Total _____

**Please bring your completed form plus
cash or check payable to LCRCC to a club meeting:**

Date Submitted

Check#