



Membership Form

Name: _____

Additional Member(s): _____

Additional Member(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____

Membership Dues	Individual Membership per year	\$20.00
	Individual Membership 1/2 year (July or after)	\$10.00
	Family Membership per year	\$25.00
	Family Membership 1/2 year (July or after)	\$12.50
	LACSS Name Badge	\$9.00
	Total:	