



# LACSS Membership Information Form

Primary member name: \_\_\_\_\_ DOB M/D \_\_\_\_\_

Additional family member(s): \_\_\_\_\_ DOB M/D \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_

LACSS newsletter Cactus Chronicle & announcements are distributed via email.

Membership dues are paid annually with a **renewal deadline of December 31.**

Dues paid January 1 through August 31 cover all of the current year.

Dues paid Sept 1 through Dec 31 cover the rest of the current year **and**

**ALL** of the following year.

Membership Dues: Individual: \$20.00/year  Family: \$25.00/year

Name badge(s) *optional & additional* are \$10.00 each

Name as it should appear on badge(s): \_\_\_\_\_

Additional badge name(s): \_\_\_\_\_

Contact information *excluding home address & birth date*, will appear in the LACSS Roster unless otherwise requested.

Send form with a **check made payable to LACSS** to:

LACSS - Membership  
PO Box 280581  
Northridge, CA 91328-0581

For office use: Date: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Cr Card: \_\_\_\_\_

Revised: ib/10-18

Further revised nn/10-18