



LACSS Membership Information Form

To fill out this form electronically, add a text box to each line and type information.

Primary member name: _____

Additional family member(s): _____

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.

Member Donation: \$ _____

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

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

Name as it should appear on badge(s): _____

Additional badge name(s): _____

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

Print completed form and send with a **check made payable to**

OR

Bring printed, completed form with you to next meeting

OR

Save completed form as pdf file and send as email attachment to:

lacss.contact@gmail.com

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

For office use: Date: _____ Cash _____ Check # _____

Cr Card: _____ PayPal _____