



LACSS Membership Form

Primary member name _____

Additional family member: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Mobile _____

Birthday Month/Day _____

LACSS newsletters and announcements are sent to members via email.

All contact information will appear in the club roster unless otherwise noted here.

- | | | |
|-----------------------|---------------|----------------------------------|
| Individual membership | \$20.00/ year | <input type="checkbox"/> |
| ½ year July or after | \$10.00 | <input type="checkbox"/> |
| Family membership | \$25.00/year | <input type="checkbox"/> |
| ½ year July or after | \$12.50 | <input type="checkbox"/> |
| Name badge(s) | \$10.00 each | <input type="checkbox"/> # _____ |

All memberships hold by a renewal date of December 31.

Total payment: _____ Payment date: _____

Name as it should appear on badge: _____

Additional badge name: _____

Please send this form with a check made out to LACSS to:

LACSS Membership
PO Box 280581
Northridge, CA 91328-0581