Date:	LACS	New or Renewal Membership Application
Check #		
Los Angel		ur dues and this form to a meeting or mail them to: <i>ty,</i> 6201 W 87th Street, #4095, Los Angeles, CA 90045
Please PRINT C	learly [] N	New [] Renewal
[] New / Renewal w	rith printed newsletter	- \$40.00 [] Associate - \$12.00 [] Student - \$18.00
[] New / Renewal w	ith electronic, no pape	er, newsletter - \$30.00
[] Contributor - \$50.	.00 [] Supporter- \$	75.00 [] Benefactor - \$100.00 [] Other
Name: First		Last
Name of Associate: F	irst	Last
(Same address as primary	member)	
Address:		
City, State, Zip + 4		
E-mail Address:		E-mail of Associate
Preferred Phone:		Publish Contact Info in Roster [] Yes [] No

Did a member of LACS invite you to join? If so, who? If not, how did you hear about LACS?

Revised Jan. 2020, Ijc