



LACSS Membership Information Form

Primary member name: _____ DOB Month/Day _____

Additional family member: _____ DOB Month/Day _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Mobile: _____

The LACSS newsletter, Cactus Chronicle, and announcements are distributed via email.

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

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"/> # _____

Total payment: _____ Payment date: _____

Name as it should appear on badge: _____

Additional badge name: _____

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

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

LACSS Membership
PO Box 280581
Northridge, CA 91328-0581

For office use: Cash _____ Check # _____ Cr Card: _____ Date: _____
Revised: RE 10/17