



OFFICE USE ONLY

Membership Year: _____

Paid: _____

Membership Application

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:

1.) _____

2.) _____

Membership is \$15.00 per year or 3 years for \$30.00.

Amount Enclosed: _____ Check Cash

Mail form to:

La Rue Community Alliance

P.O. Box 203

La Rue, OH 43332

or

Bring to the next meeting.

Please insert payment. Make check out to La Rue Community Alliance or LCA.

In the space below, please provide any comments about La Rue (i.e. how long you have lived in the community, how you would like to help, your interests and ideas).

Applicant Signature

Date