



## Membership Application

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Please provide two numbers)

1) \_\_\_\_\_ Cell or Home

2) \_\_\_\_\_ Cell or Home

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

Amount Enclosed: \_\_\_\_\_ Check    Cash

<p><b>Mail form to:</b> LaRue Community Alliance P.O. 203 LaRue, OH 43332 or Bring to the next meeting.</p>
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Please insert payment. Make check out to LaRue Community Alliance or LCA.

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

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Email address \_\_\_\_\_

Do you prefer email or text message?

For Office Use

Membership years \_\_\_\_\_