



LIONS PROJECT FOR CANINE COMPANIONS FOR INDEPENDENCE  
 P.O. Box 3896  
 Santa Rosa CA 95402  
 707-577-1774 877-865-7224  
 e-mail [lpcci@cci.org](mailto:lpcci@cci.org)

**FAMILY LIFE MEMBERSHIP APPLICATION**  
**(Limited to Two Immediate Family Members)**

We wish to become Life Members of the LIONS PROJECT FOR CANINE COMPANIONS FOR INDEPENDENCE.

Our contribution to the Life Membership Fund, at least \$500, can be paid in full or over a five-year period at \$100 per year.

Our first contribution of \$\_\_\_\_\_ (at least \$100) is enclosed herewith and we agree to make yearly contributions of at least \$100 until full amount is paid. Plaque to be sent upon completion of payments.

*Please print or type names exactly as it is to appear on award plaque .*

-----  
 Family Life Members Address: \_\_\_\_\_  
 \_\_\_\_\_

Lion, Lioness, Leo or Other: \_\_\_\_\_ District: \_\_\_\_\_

Club through which purchased: \_\_\_\_\_

Purchased by Club, Self, Spouse?: \_\_\_\_\_

Name: \_\_\_\_\_  
 ADDRESS TO SHIP PLAQUE IF OTHER THAN ABOVE Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_



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