



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

LIFE MEMBERSHIP APPLICATION

I wish to become a Life Member in the LIONS PROJECT FOR CANINE COMPANIONS FOR INDEPENDENCE.

My contribution to the Life Membership Fund, at least \$300, can be paid in full or over a three-year period at \$100 per year.

My contribution of \$_____ (at least \$100) is enclosed herewith and I agree to make yearly contributions of at least \$100 until full amount is paid. MAKE CHECKS PAYABLE TO LPCCI. SEND TO ABOVE ADDRESS.

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

 Life Member's 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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