



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

LPCCI National Office

P. O. Box 3896

Santa Rosa, CA 95402

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 name exactly as it is to appear on award plaque.

Family Life Members Address:: _____

Lion, Lioness, Leo or other: _____

Club through which purchased: _____

Purchased by: Club Self Spouse

City: _____ District: _____ Trustee: _____

Address to ship plaque if other than above

Name: _____

Address: _____

City: _____ State _____ Zip: _____

YOUR CONTRIBUTION IS TAX DEDUCTIBLE