



LIFE MEMBERSHIP APPLICATION

LPCCI National Office

P. O. Box 3896

Santa Rosa, CA 95402

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 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