



LIONS PROJECT FOR CANINE
 COMPANIONS FOR INDEPENDENCE
 P.O. Box 3896
 Santa Rosa, CA 95402-3896
 (707) 577-1774 (877) 865-7224
 email: 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 in \$100 semi-annual payments until paid in full within 1.5 years.

My contribution of \$_____ (at least \$100) is enclosed herewith, and I agree to make semi-annual 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: _____

Email Address: _____

Lion, Lioness, Leo or other: _____ District: _____

Club through which purchased: _____

Purchased by Club, Self, Spouse? _____

ADDRESS
 TO SHIP PLAQUE
 IF OTHER
 THAN ABOVE

Name: _____

Address: _____

City: _____

State/Zip: _____

Telephone: _____

Email: _____