



Lions Project for Canine Companions
P.O. Box 3896
Santa Rosa CA 95402

PH: (707) 577-1774 * E-mail lpcci@cci.org

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

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

Our contribution to the Life Membership Fund, at least \$500, can be paid in full or over a two and a half-year period at \$100 semi-annual payments.

Our first contribution of \$_____ (at least \$100) is enclosed herewith and we agree to make semi-annual contributions of at least \$100 until full amount is paid within 2.5 years. Plaque to be sent upon completion of payments.

MAKE CHECKS PAYABLE TO LPCCI. SEND TO ABOVE ADDRESS.

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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