



## 2013 Membership Application

■ Use Application For New / Life / Renewal Of Membership. ■ Each Married Child Must Fill Out Separate Form  
 ■ Fees: \$60 1 year ■ Mail Checks Payable To : LPS OF USA  
 \$100 2 years 9005 Overlook Blvd  
 \$1001 Life Time Membership Brentwood, TN 37027

**FOR ASSOCIATION USE ONLY**

Date Rec'd \_\_\_\_\_ APP ID: \_\_\_\_\_  
 Pmt Processed Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Approved by \_\_\_\_\_ Member: LIFE / ANNUAL /  
 Date Approved \_\_\_\_\_ BI-ANNUAL

**Applicant Information**

Name: \_\_\_\_\_  
First Middle Last  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
First Middle Last  
 Father's Middle Name: \_\_\_\_\_  
 Village: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
First Middle Last  
 Mother's Father's Middle Name: \_\_\_\_\_  
 Mother's Village: \_\_\_\_\_

**Spouse Information**

Name: \_\_\_\_\_  
First Middle Last  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
First Middle Last  
 Father's Middle Name: \_\_\_\_\_  
 Village: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
First Middle Last  
 Mother's Father's Middle Name: \_\_\_\_\_  
 Mother's Village: \_\_\_\_\_

**Payment Information**

**Payment Option:**

Cash  Check

Amount Authorized: \$

\_\_\_\_\_

Credit Card

AE Disc Visa MC Other \_\_\_\_\_

Name On CC: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

CCV No: \_\_\_\_\_

EXP: \_\_\_\_\_

Check here if you want LPS of USA to automatically renew your membership dues each year using the above credit card information.

**Children Information**

**Unmarried Children  
First Name Only**

	Date of Birth Month/Day/Year	Email
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____
4. _____	____/____/____	_____

**Married Children First Name Only**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Disclaimer - Need Your Help!**

LPS of USA "LPS" reserves the right to use all information provided on this form internally and strictly to further LPS member services and products. Further, LPS shares the information you provide in THIS SECTION ONLY with third party affiliates and vendors; hereafter called "Vendors". You may use the "Opt Out" check box which will ensure that this information is NOT shared with any vendors. However, WE NEED YOUR HELP! LPS obtains revenues from Vendors who buy this information to market their products to you. This revenue is used toward LPS goals such as Youth Activities. Therefore, we ask you not to Opt Out and instead provide information you provide other vendors in the course of your businesses for such marketing purposes. Thank You For Your Consideration.

Name Of Business: \_\_\_\_\_ Profession: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

City State Zip

PLEASE LEAVE BLANK

Opt Out