

L&KV Membership Application

Last Name: F	First Name:
Home Address:	
Phone:	
E-Mail Address:	
Date of Birth:	
Occupation:	
Monthly Membership Type: Full-Time (\$30)	Associate (\$20)
Preferred Scale:ZNHO	OG
Special Skills:	
Carpentry Painting Modeling	Scenery Airbrushing
Electrical Drafting Programming _	Fund Raising DCC
Electronics Detailing Operations _	Accounting
Other:	
Please share your reasons for wanting to join the L	
I understand I will be given a copy of the bylaws if acce agree to abide by the rules, regulations, and bylaws of for my safety when engaged in any activity connected v	the organization. I also agree to be personally responsi
By signing this application you certify you have not bee outstanding warrants. You understand and consent to a probationary period up to 6 months which may be exte	a mandatory state required background check and a
Signature:	_
Date:	