



L'Ouverture Cultural Society, Inc (LCS)

DATE _____

APPLICATION FOR MEMBERSHIP MEMBERSHIP RENEWAL

Name First _____ Middle _____ Last _____

Profession _____

Home address Street or P.O. Box _____

City _____ State _____ Zip/Code _____

E-Mail address(es) _____

Telephone (Include area code and, if outside the U.S., country and city code.)

Day _____ **Evening** _____ **Cell** _____

To speed up delivery and to reduce costs, LCS plans to communicate primarily by electronic means.

MEMBERSHIP

I wish to enroll/extend my membership for: **1 yr /\$25** **3 yrs. /\$75**

I am adding a donation in the amount of: \$ _____ Total enclosed: \$ _____

Please make checks payable to *L'Ouverture Cultural Society, Inc* and mail to:

**C/O: LCS Treasurer
P.O. BOX 541943
Greenacres, FL 33454**

If you cannot send a U.S. bank check, please contact us at 561-503-8003 or via email: LOUVERTURECS@GMAIL.COM for further instructions.

Please note: Our annual membership period is from June 1st to May 31st.