

APPLICATION FOR MEMBERSHIP

Please fill out this membership form and mail it with your check to:
LCHA Membership Post Office Box 1222 Lincolnton, NC 28093

| |
|-------------------------|
| Received _____ |
| Mailed /Gave card _____ |
| Amount _____ |
| Check _____ Cash _____ |

MEMBERSHIP:

_____ \$50.00 per Individual

_____ \$100.00 per family (living in the same household)

Renewal—(circle one) Yes No

PLEASE PRINT AND ANSWER ALL QUESTIONS IN INK

Date _____

Members Name: _____

DOB _____

Parent/Guardian Name (if member is under 18) _____

If Full Family Membership, list each members first and last name(must be immediate family) along with their Date of Birth:

Member #1 name: _____ Birthdate: _____

Member #2 name: _____ Birthdate: _____

Member #3 name: _____ Birthdate: _____

Member #4 name: _____ Birthdate: _____

Member #5 name: _____ Birthdate: _____

Additional Member Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

APPLICATION CERTIFICATION:

In consideration of my membership, I agree **NOT** to hold LCHA or its members or organizers liable for any injury or damage, however caused, which may result from participation in any event or activity sponsored by LCHA.

I ALSO AGREE TO ABIDE BY LCHA RULES AND REGULATIONS.

“Inappropriate behavior, or failure to follow LCHA rules, will result in membership revocation.”

Name: (Print): _____

Drivers License: _____

Signature: _____

Date: _____