



MEMBERSHIP FORM

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone/Fax: _____

E-mail: _____

\$15.00 per person

\$10.00 per senior citizen (55+)

\$10.00 per full-time student (with valid ID)

Make money order or check(s) payable to L.A.C.D and mail to:

Kathy Seymour
12911 Rose Drive
Whittier, CA
www.lacd.org