



**FOR LRFA OFFICE USE ONLY**

Member Number: \_\_\_\_\_

Acceptance date: \_\_\_\_\_

• Form can be used for adults or children under 18  
 • Only one applicant per form

**APPLICANT'S INFORMATION**

Applying for:  Annual Membership  Lifetime Membership  
 Adult  Child under 18

Mr.  Mrs.  Miss.

\_\_\_\_\_  
 Last Name First Name  
 English  Latvian  Both  
 Language Preference

\_\_\_\_\_  
 DOB Occupation Language Preference

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone E-mail

\_\_\_\_\_  
 Family members who are LRFA members (Name and membership number)

**ADULT'S INFORMATION IF ENROLLING A CHILD UNDER 18**

Mr.  Mrs.  Miss.  Mother  Father  Grandparent  Guardian  \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 DOB LRFA Member #

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone E-mail

**PAYMENT METHOD**

**AMOUNT:**

Registration fee: \$20  
 +  
 Membership Dues: \_\_\_\_\_

**CHOOSE ONE:**

Annual Adult \$30  
 Annual Child \$15  
 Lifetime \$500

**TOTAL:** \_\_\_\_\_

Amount \$ \_\_\_\_\_  Check payable to LRFA enclosed

Credit Card:  Visa  Mastercard  AmEx  Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address:  Same as above \_\_\_\_\_

\_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
 Signature Date

**LRFA MEMBERSHIP APPLICATION**

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