



LRFA

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ATTENTION: FOR REGISTERING CHILDREN

FOR LRFA OFFICE USE ONLY

Member Number: _____

Acceptance date: _____

CHILD'S INFORMATION

I am applying for: **General membership**
ANNUAL DUES: **\$15.00**

Lifetime membership
ONE TIME FEE OF **\$500.00**

Last Name		First Name	
Date & Place of Birth			
Phone	E-mail	Social Security number	
Address			
City	State	Zip	

ADULT MEMBER

Mr. Mrs. Miss. Mother Father Grandparent Guardian _____

Last Name		First Name	
Date of Birth		LRFA Member	
Phone	E-mail		
Address			
City	State	Zip	
Family members who are LRFA members (Name and membership number)			

CHOICE OF PLANS & PAYMENTS

Please send me application forms for the following plans:

- Health Supplemental Plan
- Mortuary Benefit Plan
- Hospital Supplemental Cash Plan
- Travel Medical Plan
- Prescription Drug Plan

Forward all information in:
 Latvian English

ENCLOSED:

Registration fee: \$ 20.00

AND

Annual Membership Dues: \$ _____

OR

Lifetime Membership Fee: \$ _____

Total: \$ _____

SIGNATURE

I acknowledge the principles of LRFA. The information provided above is accurate and true to the best of my knowledge.

Signature	Date
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MEMBERSHIP APPLICATION FOR CHILDREN UNDER AGE 18