



Membership Form

Member

Member Information

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Address _____

Email _____

Spouse Information

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Member Signatures _____

Date _____

Fee (\$20/member) _____

All checks must be mailed in and made payable to LIFE.

Credit card transactions with a 4.5% convenience fee.