

Membership Application			LMC Membership (Please check level)			
Date	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Corporate	\$50 to \$1,000+		
Title	<input type="checkbox"/> Mr. & Mrs.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Life Member	\$1,000.00
Last Name			<input type="checkbox"/> Life Member Quarterly Payment	\$250.00		
First Name(s)			<input type="checkbox"/> Patron	\$500.00		
Maiden Name			<input type="checkbox"/> Supporting	\$100.00		
Address			<input type="checkbox"/> Sustaining	\$50.00		
City	State	Zip	<input type="checkbox"/> Contributing	\$25.00		
Company			<input type="checkbox"/> Family	\$15.00		
Phone	Cell		<input type="checkbox"/> Individual	\$10.00		
e-mail address						
Membership Amount						