



2010 Membership Application Form

- Change of Address
- Print Your old Address
- New Member
- Life Member
- Membership Renewal

- Each married child needs to fill out a separate form.
- Make Check Payable to: LPS of USA
- Enclose \$60.00 per form for membership fee for one year or \$100.00 for 2 years
- OR \$1001.00 for LifeTime Membership

Mail to: LPS of USA

716 Sweetwater Circle, Old Hickory TN 37138-2010

Tel: 615-739-5088 Fax: 615-739-5266

APPLICATION INFORMATION

First Name : _____

Last Name : _____

Fathers Name : _____

Fathers Middle Name : _____

Village : --
New Village
(Please Specify) : _____

Mothers Name : _____

Mothers Middle Name : _____

Mothers Fathers Middle Name : _____

Mothers Village : --
New Village
(Please Specify) : _____

Name Of Business : _____

Home Address : _____

State :

SPOUSE INFORMATION

First Name : _____

Last Name : _____

Fathers Name : _____

Fathers Middle Name : _____

Village : _____
New Village
(Please Specify) : _____

Mothers Name : _____

Mothers Middle Name : _____

Mothers Fathers Middle Name : _____

Mothers Village : _____
New Village
(Please Specify) : _____

Profession : _____

City : _____

Zip : _____

New State _____
(Please Specify) : _____
Phone : _____
Fax : _____

Work Phone : _____
Mail : _____

Unmarried Children First Name Only	Date of Birth Month/Year	Unmarried Children First Name Only	Date of Birth Month/Year
1. _____	Jan <input type="checkbox"/> 1 <input type="checkbox"/> 1960 <input type="checkbox"/>	4. _____	Jan <input type="checkbox"/> 1 <input type="checkbox"/> 19
2. _____	Jan <input type="checkbox"/> 1 <input type="checkbox"/> 1960 <input type="checkbox"/>	5. _____	Jan <input type="checkbox"/> 1 <input type="checkbox"/> 19
3. _____	Jan <input type="checkbox"/> 1 <input type="checkbox"/> 1960 <input type="checkbox"/>	6. _____	Jan <input type="checkbox"/> 1 <input type="checkbox"/> 19

Married Children First Name Only

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Payment Option: Credit Card: MC

Credit Card # _____

CCV No _____

Name on the CC _____

EXP: _____

Amount Authorize: \$ _____