

# APPLICATION TO JOIN LPQG

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

\_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

BIRTHDAY (YEAR OPTIONAL) \_\_\_\_\_

FULL MEMBERSHIP \$25.00

ASSOCIATE MEMBERSHIP \$15.00



METHOD OF PAYMENT

CASH  
 CHECK

FISCAL YEAR IS APRIL 1 TO MARCH 31.

Mail to :  
2nd Vice President, Membership  
LPQG  
PO Box 1486  
Livingston, TX 77351