

**L.A.S.L.A. MEMBERSHIP APPLICATION**

This form may be copied .

Please print clearly, application will not be accepted unless completed in full.

Sponsors name: \_\_\_\_\_

Under the obligation of the order, proposes for membership in this organization:

Applicants name in full: Ms. Mrs. Dr.

Prefer to be known as: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Place & date of your birth: City/Province \_\_\_\_\_

State or Country \_\_\_\_\_

Zip or Postal Code \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Are you over the age of 16? \_\_\_\_\_

Are you a citizen of the United States of America? \_\_\_\_\_

Other Country? \_\_\_\_\_

How long have you been connected with show business: (minimum of 2 years required) \_\_\_\_\_

With what organization/company? \_\_\_\_\_

Do you anticipate any financial benefits by becoming a member of this organization? \_\_\_\_\_

Permanent Address: \_\_\_\_\_

United States      Street or P.O. Box      City      State      Zip

Permanent Address: \_\_\_\_\_

Street or P.O. Box      Province      Country Postal Code

Home Phone: area code (    )      Cell Phone: area code (    )

Email: \_\_\_\_\_ Fax: (    )

Signature of applicant: \_\_\_\_\_ (you are verifying that all information is correct)

Sponsor: \_\_\_\_\_

Signature of Membership Committee: \_\_\_\_\_

A check or money order for \$20.00, which includes initiation fee of \$5.00 and dues of \$15.00 per year.

**United States Currency ONLY      Checks/money orders made out to: L.A.S.L.A.**



