



P.O. Box 5002, West Columbia, South Carolina 29171

APPLICATION for MEMBERSHIP

Date: _____

Name: _____ Position: _____

Agency: _____

Agency Street Address: _____

Agency PO Box: _____

City: _____ State: _____ Zip: _____

County: _____

Agency Phone #: () _____

Agency FAX #: () _____

E-mail address: _____

Home address (street or PO Box): _____

City: _____ State: _____ Zip: _____

Home Phone #: () _____

Cell Phone #: () _____

Application is: New }
 Renewal } Dues: \$20.00 /yr
 Associate } Sustaining Dues: \$100.00 /yr

All Memberships Expire December 31st of the Year Paid

Checks Payable to: L C L E O A
PO Box 5002
West Columbia, SC 29171

Check out our Website at <http://www.lcleoa.org/>