MEMBERSHIP APPLICATION

LEHIGH VALLEY MINIATURE CLUB - SMALL ON SCALE

NAME - CHAPTER C-285

DATE:_____

NAME: _____

_____ SECOND NAME
(IF THIS WILL BE A FAMILY MEMBERSHIP/TWO MEMBERS AT THE SAME ADDRESS)

ADDRESS: _____

_____

TELEPHONE: HOME: _____ CELL: _____

E-MAIL ADDRESS: _____(For sending you Club info)

BIRTHDATE: (Day & Month) _____

NAME DUES (select one):

_____	$50.00	SINGLE MEMBER W/GAZETTE MAGAZINE
_____	$35.00	SINGLE MEMBER W/ONLINE MAGAZINE
_____	$14.00	FOR 2nd FAMILY MEMBER (MUST RESIDE AT SAME ADDRESS)
_____	$27.00	STUDENT MEMBERSHIP (18 - 25 STUDYING AT COLLEGE/UNIVERSITY)

NAME Membership Sub-total _____
LVSOS Chapter Membership +$10/per person =_____
Total Enclosed Membership Dues =_____

PLEASE MAKE CHECKS PAYABLE TO: LVSOS

MAILING ADDRESS: Kathy Pelletiers, 1320 Gaspar Ave, Bethlehem, PA 18017