

MEMBERSHIP APPLICATION

YES! Enroll me as a LERA member and send my LERA Membership Certificate and Directory.

_____Regular \$40 _____Full Time Student \$10 _____Organization \$230

PROFESSION

_____Neutral _____Government _____Academic _____Legal
_____Business Consultant _____Union (Private Sector)
_____Student
_____Union (Public Sector) _____Other

Send Check Made Payable to "L I LERA"

TO: Thomas B. Wassel
LERA Membership Committee
Cullen and Dykman LLP
100 Quentin Roosevelt Boulevard
Garden City, NY 11530

_____ Mr. _____ Ms. _____ Dr. _____ Esq.

Name _____

Title _____

Organization _____

(For organizations, list as many as six names to be members)

1 _____ 2 _____
3 _____ 4 _____
5 _____ 6 _____

Mailing Address _____

City _____

State _____ Zip _____/_____

Telephone _____ Fax _____

E-mail _____

List this information exactly as you would like it to appear in our Directory

Home Address (for Chapter files only)

Street _____ City _____

State _____ Zip _____/_____ Home Telephone _____

E-mail _____