

MEMBERSHIP APPLICATION

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

_____Regular \$35 _____Full Time Student. \$10 _____Organization. \$200

PROFESSION

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

Send Check Made Payable to "L I LERA"

TO: Richard J. Roth
LERA Membership Committee
85 Magnolia Lane.
East Hills, NY 11577
_____ Mr._____ Ms._____ Dr. _____ Esq.

Name _____
Title _____
Organization _____
(For organizations, list as many as six names to be members)
! _____ 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 _____