

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: 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)

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 \_\_\_\_\_