



# Membership Application

Email: [lukesmembership@gmail.com](mailto:lukesmembership@gmail.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Unit: \_\_\_\_\_

New LSC member, please let us know if a member referred you \_\_\_\_\_

Returning LSC member.

I would like to be contacted about serving on the LSC Board

## Annual Membership Dues

The LSC Membership Year runs from June 1 – May 31. Payment can be made at any LSC social function with cash or check payable to LSC or mailed to: LSC, c/o Membership Chair, PO Box 1959, Litchfield Park, AZ, 85340. Payment plans are available through the Membership Chair.

\$48.00

Active Duty (All others)  Retired  Deceased  Reserves/Guard  International

DoD Civilian Spouse

\$36.00

Active Duty (E-5 & below)  Retired  Deceased  Reserves/Guard  International

Please read, accept and initial the following terms and conditions of membership in the Luke Spouses' Club. All governing rules and regulations may be found in greater detail in the LSC By-Laws, Constitution and Handbook. As a member, you are encouraged to read these documents and understand your commitments and responsibilities.

\_\_\_\_\_ Reservations Policy for Functions: I agree to cancel through Evite or contact the Reservations Chair by the specified date in the Evite or I will be charged the cost of the function.

\_\_\_\_\_ I authorize the LSC to use and publish my photographs at LSC events in print and/or electronically.

\_\_\_\_\_ Liability Declaration: I understand that as a member of the LSC, I may share responsibilities and liabilities as outlined in the LSC By-Laws. I have access to this document as it is on the LSC website.

\_\_\_\_\_ As a member of the LSC, I agree to abide by the LSC rules and regulations as set forth in the Constitution and By-Laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Received By: \_\_\_\_\_ Date Received \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Amount \_\_\_\_\_

Evite List \_\_\_\_\_ Name Tag \_\_\_\_\_ Roster \_\_\_\_\_ Membership Email: \_\_\_\_\_