



Leuva Patidar Samaj of USA

[A Non-Profit Tax-Exempt Organization, IRS 501-C-3]

FOR ASSOCIATION USE ONLY

Date Rec'd _____ APP ID: _____
 Pmt Processed Date _____ Amount \$ _____
 Approved by _____ Member: LIFE / ANNUAL /
 Date Approved _____ BI-ANNUAL

2014 Membership Application

- Use Application For New / Renewal of Membership
- Each Married Child Must Fill Out Separate Form
- Please return this form with your payment & Mail To : LPS OF USA
9005 Overlook Blvd
Brentwood, TN 37027
- Membership Fees:
[] \$60 for 1 year [] \$100 for 2 years
[] \$1001 for Lifetime Membership
- FREE LPS Logo T-Shirt (For Lifetime Members only)
Size: [] S [] M [] L [] XL [] XXL

Applicant Information

Name: _____
First Middle Last

Address: _____
City State Zip

Cell #: _____

Email: _____

Father's Name: _____
First Middle Last

Father's Middle Name: _____

Village: _____

Mother's Name: _____
First Middle Last

Mother's Father's Middle Name: _____

Mother's Village: _____

Spouse Information

Name: _____
First Middle Last

Cell #: _____

Email: _____

Father's Name: _____
First Middle Last

Father's Middle Name: _____

Village: _____

Mother's Name: _____
First Middle Last

Mother's Father's Middle Name: _____

Mother's Village: _____

Payment Information

Payment Options:

Cash Check

Amount Authorized: \$

Credit Card

[] Amex [] Disc [] Visa [] MC

Name on credit card: _____

Credit Card No: _____

CCV No: _____ / _____
 Exp. Date: _____

CHECK HERE, IF YOU WANT LPS OF USA TO AUTO RENEW YOUR MEMBERSHIP DUES EACH YEAR USING THE ABOVE CREDIT CARD INFO.

Children Information

Unmarried Children First Name Only	Date of Birth Month/Day/Year	Email
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____
4. _____	____/____/____	_____

Married Children First Name Only

1. _____ 2. _____ 3. _____

Disclaimer - Need Your Help!

LPS of USA "LPS" reserves the right to use all information provided on this form internally and strictly to further LPS member services and products. Further, LPS shares the information you provide in THIS SECTION ONLY with third party affiliates and vendors; hereafter called "Vendors". You may use the "Opt Out" check box which will ensure that this information is NOT shared with any vendors. However, WE NEED YOUR HELP! LPS obtains revenues from Vendors who buy this information to market their products to you. This revenue is used toward LPS goals such as Youth Activities. Therefore, we ask you not to Opt Out and instead provide information you provide other vendors in the course of your businesses for such marketing purposes. Thank You For Your Consideration.

Name of Business: _____ Profession: _____

Contact Name: _____ Email: _____

Address: _____ Work Phone: _____
 _____ Fax: _____

City State Zip

PLEASE LEAVE BLANK Opt Out