

# LVS MEMBERSHIP APPLICATION

(Please print VERY clearly)

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

Organization (if, applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Willing to do volunteer work? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
Optional (For statistical purposes only), but Required for Seniors.

Type Vegetarian: (Check One): \_\_\_\_\_  
Vegan\*      Raw Food      Vegetarian      Not-Yet-Vegetarian

\*Vegans do not consume any foods from animal sources.

How did you hear about LVS? \_\_\_\_\_

Yes! Sign me up as a new member of LVS.

Renewal application.       **Gift Membership.** Donor Name: \_\_\_\_\_

**ALSO**, please check here if your address has changed.  
(For Membership Renewals Only)

<b>Membership Type</b> ( <i>Circle One Amount</i> )	<b>1-Year</b>	<b>2-Year</b>	<b>3-Year</b>
Individual – (I)	\$20	\$35	\$50
Family – (F)	\$25	\$45	\$65
Organization – (O)	\$25	\$45	\$65
Senior (55+) – (S)	\$15	\$25	\$35
Senior Family – (SF)	\$20	\$35	\$50
Student – (T)	\$15	\$25	\$35
Low Income – (W)	\$15	\$25	\$35

**Additional contribution for LVS's vital work:** \$ \_\_\_\_\_

**Lifetime memberships are available for \$300 per person (Family \$400).**

Please make your check payable to **LVS** and send this form, along with your payment, to:

**Lancaster Vegetarian Society**  
21 E State St  
Quarryville PA 17566

Questions? Please call: 717-786-7118 or E:mail: [info@lancastervegetariansociety.org](mailto:info@lancastervegetariansociety.org)