

# Non-Member Information Form

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm dd yy

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Email address \_\_\_\_\_

I give LSCO permission to send emails to me

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Please list the programs you are joining \_\_\_\_\_

From time to time we take pictures during LSCO programs or special events.

Can we publish your picture if it is taken? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

*Welcome to the LSCO!*

For Office Use Only	
Rec #	
Programs	
<b>TOTAL:</b>	