



**LATVIAN RELIEF FUND OF AMERICA, INC.**  
 P.O. Box 8857 • Elkins Park, PA 19027 • Tel: 215-635-4137 • Fax: 215-635-1583 • E-mail: [alpf@comcast.net](mailto:alpf@comcast.net)

# MEMBERSHIP APPLICATION

**For office use only:**

Member Number:

Acceptance date:

## PERSONAL INFORMATION

- I am applying for:  **General membership**  
ANNUAL DUES:  
**\$20.00** applicants who choose to participate in any LRFA plan  
**\$30.00** applicants who choose NOT to participate in LRFA plans
- Lifetime membership**  
ONE TIME FEE OF \$500.00

Mr.  Mrs.  Miss.

Last Name

First Name

Date & Place of Birth

-

-

Occupation

Social Security Number

Children under 18: *(Name and date of birth)*

Mailing address

Telephone

E-mail

Family members who are LRFA members: *(Name and membership number)*

## CHOICE OF PLANS & PAYMENTS

Please send me application forms for the following plans:

- Medicare Supplemental Plans  
 Health Care Benefit Plans  
 Mortuary Benefit Plans  
 Supplemental Benefit Plans  
 International Travel Plans  
 Accident and Medical Benefit Plans for  
 Visitors from Abroad  
 Prescription Drug Plans

Forward all information in:

- Latvian  English

### ENCLOSED:

Registration fee: \$ 20.00

**AND**

Annual membership dues: \$ \_\_\_\_\_

OR

Lifetime membership fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

## SIGNATURE

The above information is true to the best of my knowledge. I support the principles and work of LRFA.

Signature

Date