



**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  
**\$25.00** applicants who choose NOT to participate in LRFA plans

**Lifetime membership**  
ONE TIME FEE OF \$300

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: \$ 15.00

**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