



LRFA

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Elkins Park, PA 19027

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FOR LRFA OFFICE USE ONLY

Member Number:

Acceptance date:

PERSONAL INFORMATION

- I am applying for: **General Membership**
Annual Dues: **\$30.00**
- Lifetime Membership**
One Time Fee: **\$500.00**

If enrolling a child under 18, please use CHILDREN'S Membership form!

Mr. Mrs. Miss.

Last Name

First Name

Date & Place of Birth

Occupation

Social Security Number

Address

City

State

Zip

Phone

E-mail

Children under 18 (Name and date of birth)

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 Plan
- Health Supplemental Plan
- Prescription Drug Plan
- Hospital Supplemental Cash Plan
- Mortuary Benefit Plan
- Travel Medical Plan
- Medical Plan for Visitors from Abroad

Forward all information in:

- Latvian English

ENCLOSED:

Registration fee: \$ 20.00

AND

Annual membership dues: \$ 30.00

OR

Lifetime membership fee: \$ _____

Total: \$ _____

SIGNATURE

I acknowledge the principles of LRFA. The information provided above is accurate and true to the best of my knowledge.

Signature

Date

MEMBERSHIP APPLICATION