



# LRFA

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**ATTENTION: FOR REGISTERING CHILDREN**

### FOR LRFA OFFICE USE ONLY

Member Number: \_\_\_\_\_

Acceptance date: \_\_\_\_\_

### CHILD'S INFORMATION

I am applying for:  **General membership**  
ANNUAL DUES: **\$15.00**

**Lifetime membership**  
ONE TIME FEE OF **\$500.00**

Last Name		First Name	
Date & Place of Birth			
Phone	E-mail	Social Security number	
Address			
City	State	Zip	

### ADULT MEMBER

Mr.  Mrs.  Miss.       Mother  Father  Grandparent  Guardian  \_\_\_\_\_

Last Name		First Name	
Date of Birth		LRFA Member	
Phone	E-mail		
Address			
City	State	Zip	
Family members who are LRFA members (Name and membership number)			

### CHOICE OF PLANS & PAYMENTS

Please send me application forms for the following plans:

- Health Supplemental Plan
- Mortuary Benefit Plan
- Hospital Supplemental Cash Plan
- Travel Medical Plan
- Prescription Drug Plan

*Forward all information in:*  
 Latvian  English

**ENCLOSED:**

Registration fee: \$ 20.00

**AND**

Annual Membership Dues: \$ \_\_\_\_\_

**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
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**MEMBERSHIP APPLICATION FOR CHILDREN UNDER AGE 18**