

# LOS ANGELES SCIENCE FANTASY SOCIETY, INC.

## APPLICATION FOR MEMBERSHIP

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

How did you hear about LASFS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Membership fee paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Approved by the Board of Directors on date: \_\_\_\_\_