



Membership Application

Membership Type

- Business (Membership stays with the organization regardless of the employment of the member.)
- Personal (Membership stays with the member regardless of his/her employer.)

Personal Data

Name: _____

Organization: _____

Work Title: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: () _____

Home Phone: () _____

Other Phone: () _____

Work Fax: () _____

Email Address: _____

Web Address: _____

Membership Fee

\$25 annual membership per member

Payment Data

- Check # _____

Please return a copy of this form along with your payment to:

Jeri Glynn
Lied Center of Kansas
1600 Stewart Drive
Lawrence, KS 66045

For Association Use Only

Date Received: _____	Initials: _____
Date Paid: _____	Initials: _____
Date Deposited: _____	Initials: _____