



Other members known by applicant: \_\_\_\_\_  
Print names

If elected to membership, I agree to abide by all the rules and regulations of the Club.

I understand that none of the privileges and benefits of membership in the organization will be accorded to me unless and until I am duly elected as a member.

I understand that this is an application for an *individual* membership.

I understand that a background check will be conducted. **Please see attached authorization form from LPSC, LLC**

I also understand that I may withdraw this application and the fee tendered herewith at any time prior to my election to membership, with the exception of any fee for background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Application Fee:	\$225.00
10% State Tax	\$ 22.50
Background Check***	\$ 50.00
<b>Total Due w/ Application</b>	<b><u>\$297.50</u></b>

\_\_\_\_\_  
Received by Financial Secretary

\_\_\_\_\_  
Date Received

\*\*\* Nonrefundable

Approved by Membership Committee: \_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Date Elected

\_\_\_\_\_  
Membership Number

revised 01/10



I hereby authorize L.P.S.C. LLC. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for membership purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records.

I hereby release L.P.S.C. LLC. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Print Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Information is kept completely confidential and never shared with any third party vendors.

Send Responses to: [MDeBiase@LPSCservices.com](mailto:MDeBiase@LPSCservices.com) or Fax to 203.549.0816