

**LAO FAMILY COMMUNITY OF FRESNO, INC.**

A Non-Profit Organization

**MEMBERSHIP APPLICATION**

\_\_\_\_\_ Renewal: \_\_\_\_\_ Membership No. \_\_\_\_\_ New: \_\_\_\_\_ Membership No.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
First Middle Initial Last mo/da/yr M/F

Phone: ( ) - ( ) - ( ) -  
Home Cell Message

Address: \_\_\_\_\_  
Number/Street Apt. # City State Zip Code

Employer/School: \_\_\_\_\_  
Name of institution Phone (if available)

Are you a member of any other organizations? \_\_\_\_\_ No \_\_\_\_\_ Yes, please identify

1. \_\_\_\_\_  
Name of the organization City State Your Title
2. \_\_\_\_\_  
Name of the organization City State Your Title
3. \_\_\_\_\_  
Name of the organization City State Your Title

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from any records that Lao Family Community of Fresno needs to determine eligibility for the benefit I am seeking.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>Office Use Only:</b> Member fee is \$1 per year and/or \$5 for 5 years. One time fee \$20 Membership number: _____ Date issued: _____ Date expired: _____ Due paid: _____ Cash _____ Check _____ Other (specific) _____ Staff signature/Initial: _____ Title: _____
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