

Limeport Athletic Association

Application for Membership

PLEASE PRINT CLEARLY

Name:		
Address:		
City:	State:	Zip:
Phone: ()	Email:	
Date of Birth:	Occupation:	
Sponsor:	Sponsor:	
Signature:	Date:	
I would like to receive my newsletter by (check one) <input type="checkbox"/> Internet <input type="checkbox"/> Regular Mail		

Print and fill out form, detach and return with your \$20 check made payable to **Limeport Athletic Association**
Mail to: Limeport AA, PO Box 143, Limeport, PA 18060

- **Be sure to provide the names of two sponsors who are current members of LAA**
 - **Your application will be voted on at the next General Meeting**
- **General Meetings are held quarterly in February, May, August & November**

Questions? Contact:

info@limeportaa.com

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