

ໃບສະມັກເປັນສ່າມະຊິກ / Membership Application 2017



Lao Asian Community Services of Georgia, Inc.

United together for a better tomorrow

ໂຮມກັນມື້ນີ້ເພື່ອຜົນດີໃນມື້ໜ້າ

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____

Email: _____

If requested, can we share your contact information with other members? Yes No

List all members living with you: ຊື່ຂອງທຸກໆຄົນຢູ່ໃນຄອບຄົວ

No	First Name	Last Name (If different)	Age	Relationship
1				
2				
3				
4				
5				
6				

Membership fee: \$20 per month - per family

Method of Payment	Amount Paid: \$ _____	Cash: _____	Check No: _____
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Please make a check payable to: **LACSGA, Inc.**
P.O. Box 491583
Lawrenceville, GA 30049

*NOTE: Your membership funds will go directly to LACSGA operation & programs expenses.

Member Signature: _____ Date: _____

LACSGA Representative:

Name (Print): _____ Date: _____