



Loganville Legacy Lions Club

We Serve

Member Sponsor: _____

Applicant First Name: _____ MI: _____ Last Name: _____

DOB: _____ Gender: _____ Occupation: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (Cell) _____ (Home) _____

Email Address: _____

I am applying as a:

Check One:

_____ New Member

_____ Individual Annual Membership (\$100)

_____ Transfer Member

_____ Family Annual Membership (\$160)

I accept membership into Lions Clubs International and that the standards are limited to persons of good moral character and reputation. I recognize the importance of rendering personal service to my community in cooperation with other civic-minded persons. I understand that membership is not valid until approved by the club's board of directors.

Signature: _____ Date: _____