

Membership Form

COMPLETE ONLINE CREDIT CARD MEMBERSHIP AT
<http://www.lcftra.org/cardmembership.php> ... or:

Please Mail this Form - with your check (payable to LCF-TRA) to:

Membership Chair, P.O. Box 253, La Capada, CA 91012

Membership in the name(s) of _____

Address _____ City _____ State _____ Zip _____

Phone _____ EMAIL _____

Member levels: Rose Circle \$750.00**, Benefactor \$375.00*, Parader \$250.00*, Patron \$125.00*,
Sustainer \$60.00, Floater \$30.00, MiniFloater (ages to 13) \$10.00 , FloaTeen (ages 13-18) \$10.00 ,
Contribution \$ _____

**includes 2 Parade tickets *includes 10% *Floatique* Discount Card

COMPLETE BELOW FOR CREDIT CARD

Visa / Mastercard # _____ Expiration date _____

Print name as it appears on card _____

Signature _____

REFERRED BY: _____

MEMBERSHIP INFORMATION: Mary Gant - 818-248-7664