



## LA NORML MEMBERSHIP APPLICATION

**YOUR NAME (AS IT APPEARS ON YOUR CREDIT CARD)**

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**ADDRESS (MUST BE THE SAME AS YOUR BILLING ADDRESS)**

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**CITY**

**STATE**

**ZIP CODE**

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**PHONE (DAYTIME)**

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**CREDIT CARD TYPE:**  MC  VISA  A/E

**CARD #**

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**EXPIRATION DATE**

**MEMBERSHIP FEE - \$50.00**

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**PERSONAL CHECKS AND CASH ARE ALSO ACCEPTED.**

**Complete this form and fax to: (credit card payments only)  
LA NORML MEMBERSHIP  
(310) 652-1501**

**TO JOIN BY MAIL OR TO PAY BY CHECK OR CASH:  
ENTER YOUR NAME, ADDRESS AND PHONE NUMBER  
AND MAIL THIS APPLICATION TO:**

**LANORML MEMBERSHIP  
8749 Holloway Drive  
West Hollywood, CA, 90069**

*Donations to LANORML can be used for lobbying and, therefore, are not tax-deductible.*