



LA NORML MEMBERSHIP APPLICATION

YOUR NAME (AS IT APPEARS ON YOUR CREDIT CARD)

ADDRESS (MUST BE THE SAME AS YOUR BILLING ADDRESS)

| | | |
|-------------|--------------|-----------------|
| CITY | STATE | ZIP CODE |
|-------------|--------------|-----------------|

PHONE (DAYTIME)

CREDIT CARD TYPE: MC VISA A/E

CARD #

EXPIRATION DATE

MEMBERSHIP FEE - \$50.00

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.