

LMFRF Membership Application

Please print a copy of this form, fill in ALL the information, and mail in ALONG WITH a SIGNED check for your membership fee to:

LMFRF
17 Oak Leaf Lane
Broken Bow, OK 74728

Date: _____

Full Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Phone: _____

Please select your membership level and type and mark an "X" on the line:

Level	Fee	New	Renewal
Individual	\$25	_____	_____
Family	\$35	_____	_____
Club/Affiliate	\$50	_____	_____
Corporate	\$100	_____	_____
Lifetime	\$250	_____	_____
Family Lifetime	\$325	_____	_____