

# Regular Member Renewal

Address Label:

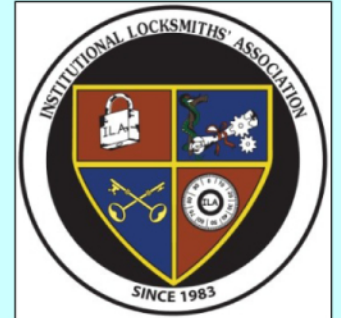
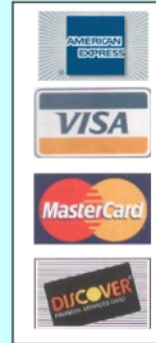
Due Date: **1/01/2018**

Membership #:

**Regular Membership Dues**  
(January 01, 2018 to December 31, 2018)

Remit payment to: **Joe Cavanaugh  
LVC/DVS ILA Membership  
200 Melissa Drive  
Easton, PA - 18045**

Dues Amount: **\$90.00**



Detach at dashed line    Top portion of this form is for your receipt  
Return the bottom portion with your updated information and payment

Please print your personal information below and return with your payment.

Name: \_\_\_\_\_ Certifications: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work FAX: \_\_\_\_\_  
Work Cell: \_\_\_\_\_ Work email: \_\_\_\_\_

All normal correspondence is sent by email only  
Please send emails to my Home? \_\_\_\_\_ Work? \_\_\_\_\_

Card used:  VISA  MasterCard  Discover  American Express    Name as on card: \_\_\_\_\_  
Account #: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_  
Amount: \_\_\_\_\_ (For Institutions): Tax ID Number \_\_\_\_\_ Security Code: \_\_\_\_\_

*Thank you for your continued support!*