



Membership Application

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) Cell Phone: (_____)

E-Mail: _____

Club Affiliation: _____

Type of Vehicle(s) you own: _____

Check one: New Member: [☐] Renewal: [☐]

LSSRA # : (_____)

*Membership fee is **\$35.00** per year. Membership includes:
Membership Card, LSSRA Streetlight Newsletter for a year and a windshield
decal.*

**COMPLETE FORM AND MAIL TO: LSSRA
PO BOX 54056
HURST, TEXAS 76054**