MEMBERSHIP APPLICATION

2024

Name: _____ Cell: _____
(Print)

Address: _____

City, State, Zip: _____

Email: _____

Date of Birth: _____ SSN: _____

Plan Selection

Single In County: _____	$1,600	Own Cart Discount: _____	-$150
Single Out of County: _____	$1,400		
Senior/Military/First Responder: _____	$1,400	TOTAL: _____	
Family: _____	$1,900		
Junior: _____	$500	* If choosing family plan, list out members of family that will be on plan here	
LWC Employee: _____	$1,200	_____	
Range Plan: _____	$150/$250	_____	

Membership Payment Type: In Full Monthly

Date: _____ Employee Initials: _____

Member Signature: _____