

*You Do It,
We Reward It!*



**L.I.F.E.
Member Application**

L.I.F.E. Membership Application

Name

Name (Additional Member, same household)

Address

City

State

Zip Code

Email Address

Phone

Store where you are taking classes: _____

Annual Membership (Effective 1 June 2007)

\$45.00 (U.S.) Individual

\$20.00 (U.S.) Each additional Member (must be same household)

Payment Method (please check one)

Check

Visa

Mastercard

Discover

American Express

Credit Card Number

Expiration Date

Cardholder Signature

Please make checks payable to: "L.I.F.E."

Mail to:

Lowrey L.I.F.E.

825 East 26th

La Grange Park, IL 60526



New Member Package will arrive in 6-8 weeks.