



LCOC MEMBERSHIP APPLICATION

APPLICANT NAME: _____

SPOUSE / SIGNIFICANT OTHER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE: _____ WORK / CELL PHONE: _____

FAX: _____ EMAIL: _____

National LCOC membership number (required): _____

VEHICLE INFORMATION

	YEAR	MODEL / BODY STYLE	VIN / SERIAL NO.
AUTO #1	_____	_____	_____
AUTO #2	_____	_____	_____
AUTO #3	_____	_____	_____
AUTO #4	_____	_____	_____
AUTO #5	_____	_____	_____

MEMBERSHIP COST

(Your membership starts with the current calendar year.)

Annual LCOC Western Region Membership.....\$35.00

PAYMENT INFORMATION

Mail this form and your personal check for \$35 (made payable to Western Region LCOC) to:

Western Region LCOC Membership
C/O Russell Harmon
3914 Aden Way,
Riverside CA 92504