



# Lex-Care Application for Membership

Please mail application to Lex-Care, Inc.  
P.O. Box 1328  
Lexington ,KY 40588

Name of Individual: \_\_\_\_\_

Name of Organization you are representing:  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Opportunities for Involvement**

Check Interest in Lex-Care:

\_\_\_\_\_ Board Member

### **Standing Committee Member:**

\_\_\_\_\_ Diaper Committee                      \_\_\_\_\_ Fundraising Committee

\_\_\_\_\_ Membership Committee            \_\_\_\_\_ Rides Committee

\_\_\_\_\_ Services Committee                \_\_\_\_\_ Nominating Committee

\_\_\_\_\_ Community Relations Committee

### **More Service Opportunities:**

\_\_\_\_\_ Column Coordinator

\_\_\_\_\_ Serve on temporary committees to address short-term needs.

\_\_\_\_\_ Present topic at General Meeting

\_\_\_\_\_ Help plan annual meetings

\_\_\_\_\_ Other ways you feel you can be involved: \_\_\_\_\_