



## Application for Membership

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

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

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

\_\_\_\_\_

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

Description of Agency: \_\_\_\_\_

\_\_\_\_\_

Employed \_\_\_\_\_ Volunteer \_\_\_\_\_

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

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

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

Membership payment include:    \_\_\_\_\_ \$20 (individual)    \_\_\_\_\_ \$200 (group of 10 or more)

### Opportunities for Involvement

#### Check interest in LexCare

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

Standing Committee Member:

\_\_\_\_\_ Promotion Committee

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

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

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

\_\_\_\_\_ Transportation Committee

\_\_\_\_\_ Social Work Month Committee

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

\_\_\_\_\_ Program Committee (General Meeting)

#### 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: \_\_\_\_\_

Please email to [Lexcare.org@gmail.com](mailto:Lexcare.org@gmail.com) or mail to P.O. Box 1328 Lexington, KY 40588

Phone: 859-699-9859