



# Membership Application

Email: [lukescmembership@gmail.com](mailto:lukescmembership@gmail.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Cell No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Unit: \_\_\_\_\_ Previous Base: \_\_\_\_\_ Date Arrived: \_\_\_\_\_

- New LSC member       Returning LSC member.
- I would like to be contacted about serving on the LSC Board

### Annual Membership Dues

Dues are required to be paid in full when your membership is activated. Payment plans are available through the Administrative Treasurer. Payment can be made at any LSC social function with cash or check payable to LSC or mailed to: LSC, c/o Membership Chair, PO Box 1959, Litchfield Park, AZ, 85340.

\$48.00

- Active Duty (E-5 and above)    Retired    Deceased    Reserves/Guard    International
- DoD Employee

\$36.00

- Active Duty (E-4 and below)    Retired    Deceased    Reserves/Guard

Please read, accept and initial the following terms and conditions of membership in the Luke Spouses' Club. All governing rules and regulations may be found in greater detail in the LSC By-Laws, Constitution and Handbook. As a member, you are encouraged to read these documents and understand your commitments and responsibilities.

\_\_\_\_\_ Reservations Policy for Functions: I agree to cancel through Evite or contact the Reservations Chair by the specified date in the Evite or I will be charged the cost of the function.

\_\_\_\_\_ I authorize the LSC, to copyright, use and publish my photographs at LSC events in print and/or electronically.

\_\_\_\_\_ I agree to have my name, email and phone number published in the LSC directory and distributed only to LSC members.

\_\_\_\_\_ Liability Declaration: Initial to agree in the event the LSC assets (including the Luke Air Force Base Thrift Shop) should be insufficient to discharge its liabilities, LSC members are jointly and severally liable for obligations of the entire organization.

\_\_\_\_\_ As a member of the LSC, I agree to abide by the LSC rules and regulations as set forth in the Constitution and By-Laws.

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

### For Office Use Only

Date Received \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Amount \_\_\_\_\_ Evite List \_\_\_\_\_ Name Tag \_\_\_\_\_  
Roster \_\_\_\_\_