

LVRTA Membership and Donation Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I am enclosing Membership Dues Individual (\$25) Family (\$35) Sponsor (\$100)

Additional Donation \$25 \$50 \$75 \$100 Other _____

Please return completed form to:
LVRTA
100 Fort Hunter Road
Harrisburg, PA 17110