

# *Louisiana Pulmonary Disease Camp, Inc. Membership Application*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City, State, Zip* \_\_\_\_\_

*Cell:* \_\_\_\_\_ *Home:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Birthdate:* \_\_\_\_\_ *Employer:* \_\_\_\_\_

## *Membership Guidelines:*

All members must actively participate in organization activities such as fundraising, programs and events, meetings, committees, etc.

Any member may resign from the organization by notifying the Secretary in writing. (Email accepted)

At any time, the Board of Directors can vote to revoke membership. This will be done in accordance with the organization's By-Laws. If that member believes the membership was revoked without cause-they may file a written request with the Secretary for a hearing with the Board of Directors.

*Applicant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Sponsored By:* \_\_\_\_\_

*Current member of the Board*

*Number of years involved with LPDCI* \_\_\_\_\_ *Camp Pelican* \_\_\_\_\_

*Membership approved: Date* \_\_\_\_\_

\_\_\_\_\_  
*Secretary's Signature*