LLAGNY DISPLACED MEMBER FEE WAIVER FORM

LLAGNY will waive the membership fee for displaced members until June 2010.

_____
Member Last Name First Name M.I.

_____
Current Mailing Address

_____

_____
City State Zip Code

_____ _____
E-mail Address Phone Number

_____
Former Employer Name

_____
Former Employer Address

_____

_____
City State Zip Code

_____
Date of Departure

_____ _____
Member Signature Date of Signature

Note: The Executive Board has the authority to determine the classification of applicants and is empowered to adopt procedures for verifying displaced status. Membership cannot be transferred or assigned. Each regular member has one vote.

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