



## Lisabi Elite Association of Houston Inc.

**Motto: Love, Unity and Progress**

PO Box 2156 Alief, Texas. 77441

### MEMBERSHIP APPLICATION FORM

#### CONTACT DETAILS

Applicant Name: .....

Address.....

City ..... State ..... Zip code .....

Home Telephone: ..... Mobile/Cell Phone: .....

Gender ..... Occupation .....

E-mail address.....

How did you hear about Lisabi Elite Association of Houston .....

List all other organizations that you are a member or have been a member in the past.....

#### By submitting this application form,

I wish to join Lisabi Elite Association of Houston Inc. I hereby pledge and agree to be bound by the association's Constitution, Bye-Laws, and all other rules and regulations.

Applicant Signature .....

Guarantor Member Signature .....

Please return you application form with the amount listed below. If your application is rejected, your first month dues will be returned to you. Following your acceptance, you will receive your binder and the Association Constitution.

Application Fee \$100.00 (Non Refundable) + First Month Dues: \$25.00 = \$125.00

Make your check or money order payable to Lisabi Elite Association of Houston.

For Official Use Only

Application Accepted

Rejected Application

Signature: Chairman Membership Committee

Signature: President LEAH