



LITTLE PEOPLE of AMERICA, Inc.
MEMBERSHIP APPLICATION and RENEWAL FORM

Return this form and dues to:
LPA National Office, 250 El Camino Real, Suite 201, Tustin, CA 92780
For more information, contact the LPA Office Administrator
Toll Free: 888-LPA-2001, Direct: (714) 368-3689, FAX (714) 368-3367
E-mail: info@lpaonline.org

LAST NAME _____

In a house with multiple last names, the "Last Name" space should be completed with the last name of the little person in the family.

[] NEW MEMBER or [] RENEWAL

Today's DATE: _____

[] ANNUAL dues are \$55.00 per household; \$120 for 3 Years, \$20.00 for seniors 65 years and older. \$35.00 for international members, or for college/vocational students with proof of enrollment. (If you cannot afford dues, you can apply for free membership as a financial hardship case by contacting the LPA National Office.) OR

[] LIFETIME dues are a one-time payment of \$750.00 per individual. All other people living in the same household as the Life Member are considered to be paid members without payment of additional dues.

Name of the individual who is applying for Life Membership _____

Household Address _____

City _____ State _____ Zip _____ Country _____

Home Phone (____) _____ - _____

Please complete this section with the information for the person with dwarfism in the family, or for the person in the household that you choose to be the primary member (HOH).

TITLE _____ LAST NAME _____ FIRST & MIDDLE _____

MAIDEN NAME _____ MARITAL STATUS _____ ETHNIC ORIGIN _____

SEX: M or F BIRTHDATE _____ OCCUPATION or TITLE _____

CELL PHONE _____ E-MAIL _____

LANGUAGE(S) SPOKEN fluently (other than English) _____

[] LITTLE PERSON If checked, DWARFISM DIAGNOSIS _____

HEIGHT _____ WEIGHT _____ [] Adopted

[] AVERAGE-HEIGHT RELATIVE If checked, RELATIONSHIP to Little Person _____ and NAME of Little Person if not in the same household _____

[] AVERAGE-HEIGHT SUPPORTER [] FRIEND, Name of Little Person _____

[] MEDICAL PROFESSIONAL, Specialty _____ [] OTHER _____

TITLE _____ LAST NAME _____ FIRST & MIDDLE _____

MAIDEN NAME _____ MARITAL STATUS _____ ETHNIC ORIGIN _____

SEX: M or F BIRTHDATE _____ OCCUPATION or TITLE _____

CELL PHONE _____ E-MAIL _____

LANGUAGE(S) SPOKEN fluently (other than English) _____

[] LITTLE PERSON If checked, DWARFISM DIAGNOSIS _____

HEIGHT _____ WEIGHT _____ [] Adopted

[] AVERAGE-HEIGHT RELATIVE If checked, RELATIONSHIP to Little Person _____ and NAME of Little Person if not in the same household _____

[] MEDICAL PROFESSIONAL, Specialty _____ [] OTHER _____

TITLE _____ LAST NAME _____ FIRST & MIDDLE _____
MAIDEN NAME _____ MARITAL STATUS _____ ETHNIC ORIGIN _____
SEX: M or F BIRTHDATE _____ OCCUPATION or TITLE _____
CELL PHONE _____ E-MAIL _____
LANGUAGE(S) SPOKEN fluently (other than English) _____

- LITTLE PERSON If checked, DWARFISM DIAGNOSIS _____
HEIGHT _____ WEIGHT _____ Adopted
 AVERAGE-HEIGHT RELATIVE If checked, RELATIONSHIP to Little Person _____
and NAME of Little Person if **not** in the same household _____
 MEDICAL PROFESSIONAL, Specialty _____ OTHER _____

TITLE _____ LAST NAME _____ FIRST & MIDDLE _____
MAIDEN NAME _____ MARITAL STATUS _____ ETHNIC ORIGIN _____
SEX: M or F BIRTHDATE _____ OCCUPATION or TITLE _____
CELL PHONE _____ E-MAIL _____
LANGUAGE(S) SPOKEN fluently (other than English) _____

- LITTLE PERSON If checked, DWARFISM DIAGNOSIS _____
HEIGHT _____ WEIGHT _____ Adopted
 AVERAGE-HEIGHT RELATIVE If checked, RELATIONSHIP to Little Person _____
and NAME of Little Person if **not** in the same household _____
 MEDICAL PROFESSIONAL, Specialty _____ OTHER _____

PAYMENT INFORMATION

DUES amount: _____
DONATION amount: _____
(please see below)
TOTAL amount enclosed or charged: _____
Payment Method—make check or money order
payable to **LPA**.

Credit Card number _____	Exp Date: _____
Name on Card _____	____/____
Billing Address _____	
City, State, Zip _____	
Credit Card Signature _____	Sec. Code _____

- Check/MO VISA MasterCard AMEX Do **not** wish to receive promotional material.

DONATIONS

The following donation is to support the work of the Little People of America, Inc. LPA is a tax exempt [501(c)(3)] organization. All donations are tax deductible. Please enclose any matching contributions from your employer.

- \$10.00 \$20.00 \$50.00 \$100.00 \$250.00 \$500.00 \$1000.00 Other: _____

How and when did you hear about LPA? _____

Other comments or questions: _____