

LTPA MEMBERSHIP APPLICATION

Renewal _____ New Membership _____ Change of Address _____
Amount Enclosed \$ _____

(Individual Sustaining-\$25, Individual Life-\$250, Corporate Sponsor-\$250)

Please include your check (tax-deductible) with application to:

LTPA
P.O. Box 4251
Lynchburg, VA 24502

Name _____

Address _____

Phone _____

E-Mail _____

Please indicate if you would like to help with LTPA
Tournaments or other events Yes/No _____

