



Lebanese American Council For Democracy

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Application Form

Email us at membership@la-cd.org

(First Name) (M.I.) (Last Name)

Marital Status: Single Married Divorced Widowed

(Date of Birth) (Place of Birth)

Sex: Male Female

(Profession)

Address in the United States

(Address 1) (Address 2)

(City) (State) (Zip Code) (Country, if not in U.S.A)

(Home Number) (Work Number) (Cell Number)

(Email Address) Best way to reach you:

Status in the United States

Legal Status: Citizen Permanent Resident Other

If other, please explain:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Please List Two (2) References

(First/Last Name) (Contact Number)

(First/Last Name) (Contact Number)

Do you have any friends/family members who are members of LACD? Yes No

If yes, please provide the name of at most three (3) members:



List your memberships in other organizations

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

How do you feel the LACD would benefit from your involvement?

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Application Fee: \$50 per year

The fee can be paid with PayPal, check or money order. For PayPal, please send fees to LACDapplication@gmail.com. If paying with check or money order, please make the payment to **LACD**. Mail all payments to:

LACD
1012 N. Highland St.
Suite 130B-S
Arlington, VA 22201

NOTE: In the event that your application is not approved within sixty (60) days, your application will considered denied and you will receive a full refund.

Acknowledgement

By signing and submitting this application:

I certify that my answers on this application are true and correct, and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably.

I understand that my membership is activated only when membership dues are received and my application is approved by the Board of Governors. I also understand that if I were not admitted as an LACD member, the application fee is refundable.

I understand that unless I am a citizen of the United States of America, I cannot become a member of the Board of Governors or a president of a local chapter.

I understand and agree that any false information, misrepresentation, or omission of facts in the application and the application process could be cause for rejection of this application or dismissal. I also agree that all information furnished in this application and application process may be verified by LACD.

I understand that a background check may be conducted to comply with the requirements of the Bylaws.

I affirm that I am in agreement with the mission and purposes of the LACD.

(Signature)

(Date)

FOR LACD USE ONLY:

APPROVED _____

DENIED _____