

2017-2018 Vestal LEAH Membership Application

We understand that the purpose and activities of LEAH are governed and guided by the LEAH Statement of Faith, and that as a member family, we agree to respect and honor those core values. _____

Member Family Signature

Please check one:

- New Member
- Renewal
- Secondary Membership (Primary Membership _____)
- Transfer from _____ chapter to Vestal LEAH

Last Name _____

Husband First Name _____

Wife First Name _____

Address _____

County _____

Email addresses _____

*only the above emails can receive and send email to the LEAH groups

Phone numbers & type _____

Are you an HSLDA member? Yes _____ No _____

Child's name*	Birth Month/Year*	LEAH Sports Participating In

*Kept private for insurance numbers only

Dues: _____ **\$35** (\$30 for NYS LEAH & \$5 for Vestal LEAH)

_____ \$5 (If Vestal LEAH is secondary membership, NYS dues paid thru _____ chapter)

Please mail check made out to **Vestal LEAH** to:

Bill & Cheryl Moy
1223 Pops Hobby Lake Road
Brackney, PA 18812

Any questions contact bcmoy@stny.rr.com
or 570-663-2028