



2008
MEMBER RENEWAL

Name of Organization _____

Mailing Address _____ City _____ State _____ Zip _____

Current Officers

Name _____ Office _____ Address with ZIP _____ Email Address _____ Phone _____

Name _____ Office _____ Address with ZIP _____ Email Address _____ Phone _____

Name _____ Office _____ Address with ZIP _____ Email Address _____ Phone _____

LSN Delegate

Name _____ Address with ZIP _____ Email Address _____ Phone _____

If your organization has alternate LSN delegates

Name _____ Address with ZIP _____ Email Address _____ Phone _____

Name _____ Address with ZIP _____ Email Address _____ Phone _____

Organization may be asked to provide information about its financial status, including a copy of its most recent audited financial statements, to the National Trust for Historic Preservation. The information provided will be used for internal purposes only and will not be shared with any other organization or individual. If you have any questions about this information, please contact the National Trust for Historic Preservation at 1-800-368-5878.

Indicate the number of following items attached _____

____ Document in a hard copy

____ Send a hard copy to _____

Name _____ Address with ZIP _____ Phone _____

PLEASE PRINT OR TYPE CLEARLY

Organization may be asked to provide information about its financial status, including a copy of its most recent audited financial statements, to the National Trust for Historic Preservation. The information provided will be used for internal purposes only and will not be shared with any other organization or individual. If you have any questions about this information, please contact the National Trust for Historic Preservation at 1-800-368-5878.

2008 Membership Contribution

Organization checks \$ _____ (Enter \$00 if none) with entry in this organization in 2007/2008 via direct billing. Or insert in table to indicate using other billing. Organization not billing through direct billing use payment to the address membership address for membership system entry (mailing)

Member Organization (if not none) _____

Address (mailing) / Member Organization _____

City/State/Zip _____

Phone (if not none) _____

Print Name of Organization _____
 Executive Director/President/CEO _____
 Member Organization (if not none) _____
 Address (mailing) _____
 City/State/Zip _____

Thank You!