



**I would like to begin/renew (\$20.00 per household) my membership in Lancaster County ACTION.**  
(Please make check payable to **Lancaster County ACTION.**)

I'd like to volunteer for the following ACTION Committee(s):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Church Contact/Prayer | <input type="checkbox"/> Legislative Issues | <input type="checkbox"/> Quarterly Breakfast |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Library            | <input type="checkbox"/> School District     |
| Coordinator                                    |   |  |
| <input type="checkbox"/> Fund Raising          | <input type="checkbox"/> Newsletter         | <input type="checkbox"/> Voter Guides        |
| <input type="checkbox"/> Growth/Membership     |   |  |

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ Polling Place: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please clip and return to Lancaster County ACTION, 310 Silverwood Dr., Lititz, PA 17543. Thank you!