



LOUDOUN CRIME COMMISSION MEMBERSHIP APPLICATION

Date: _____ Member since: _____

NAME: _____ **Position/Title:** _____

Organization: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Telephone: _____ **Fax :** _____

E-mail: _____@_____

Mark (X)	MEMBERSHIP	DUES	BENEFITS
_____	Certified Peace Officer, Officer of the Court, U. S. Military, Registered Private Security (DCJS)	\$15/year	Decal Membership card Email announcements
_____	Concerned Citizen, Non-Profit Officer	\$25/year	Decal, membership card, Email announcements
_____	Small business (500 employees or less), Educational Institution	\$50/year	Decal, membership card, Email announcements, one complimentary meal
_____	Corporate	\$1000/year	Decal, 5 membership cards, 16 complimentary meals, Corporate sponsor logo on LCC website.

Payment: _____ **Check #:** _____

ADDITIONAL CONTRIBUTIONS:

I wish to donate an additional \$ _____ in support of LCC programs.

I would like to dedicate this donation to: _____

Please mail application and check to the LOUDOUN CRIME COMMISSION, 44125 Woodridge Parkway, Suite 200, Leesburg, Virginia 20176. Email: staff@loudouncrimecommission.com.

The Loudoun Crime Commission, Inc., is a registered 501C-3 organization and your membership and contributions are tax deductible. Tax ID: 11-3745130

Thank you for your support and continued support!



www.loudouncrimecommission.org