



**Lightning Strike & Electric Shock
Survivors International, Inc.**

For Office use only:

Membership type _____

Date Joined _____

Membership Number _____

LSESSI, Inc.
P.O. Box 1156
Jacksonville, NC 28541
Phone (910) 346-4708
Fax (910) 346-4708
info@lightning-strike.org

www.lightning-strike.org

"WHERE HOPE BEGINS"

Membership Application (Non-Survivors Only)
(please print or type)

Last Name: _____ First Name: _____ Middle Initial _____

Street Address: _____ PO BOX: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

Mobile or Pager Number: _____ Email Address: _____

Business Name (for Professionals.) _____

Business Address (for Professionals) _____

Please Check the appropriate box below and fill in required info.....

☐ "I am a family member of a Survivor".....(\$25.00 LS or ES survivor only)...(\$35.00 LS or ES survivor and household members).

(If you live in the household and are the spouse, child, sibling, parent or caregiver of a survivor.)

Your Relationship to the survivor: _____ Survivor's name _____

☐ "I am a Friend of a Survivor".....(\$25.00 Annual Dues)

Survivor's Name _____

☐ "I am a Legal Professional ".....(\$50.00 Annual Dues)

You have **successfully** represented a lightning strike survivor? Yes ___ No ___

You have **successfully** represented an electric shock survivor? Yes ___ No ___

Survivor Name: _____ How did you find us? _____

☐ "I am a Medical Professional".....(\$25.00 Annual Dues)

Have you ever treated a **lightning strike survivor** before? Yes ___ No ___

Have you ever treated an **electric shock survivor** before? Yes ___ No ___

☐ "I represent a Business, Organization or Institution".....(\$200 annual Dues)

I hereby authorize the "Lightning Strike and Electric Shock Survivors International Inc." to release any information I disclose on this application to any other member(s), said interested party or anyone inquiring about the above referenced data. The undersigned further agrees to indemnify and hold harmless the association as a result of the release of the afore-referenced data.

Signature of Applicant _____ Date _____

Printed Name _____