



LUTHERAN INTENTIONAL VILLAGE of UPPER PINELLAS

Primary Member: (additional members follow)

Salutation First Name Initial Last Name Male Female

Year-round Address: _____
Street City/State Zip code

Seasonal Address: _____
Street City/State Zip code

Home phone Cell phone E-mail address
How do you prefer to be contacted? ____ home phone ____ cell phone ____ email

Other

Household _____
First Name Last Name Male Female Relationship

Members:

First Name Last Name Male Female Relationship

Emergency Contact: Name _____ Relationship _____

Phone _____ Email _____

Membership Fee: Quarterly single: \$60 Annual single: \$200 Monthly Single: \$20
 Quarterly household: \$90 Annual household: \$300 Monthly Household \$30

Church affiliation/congregation, if any:

Please print this form and mail it to the address below. A LIV-UP representative will follow up with you soon to answer your questions and complete the application process.

Mail this form to: LIV-UP, P.O. Box 4367, Clearwater, FL 33758

Questions? E-mail livupfl@gmail.com or Call 727-378-2186

Revised 8/13/2018