

**LEAGUE FOR THE HANDICAPPED, INC  
393 NORTH ST  
SPRINGVILLE, NEW YORK 14141  
716/592-9331**

**LEAGUE MEMBERSHIP APPLICATION**

I (we) wish to apply for membership with the League for the Handicapped, Inc.

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

Type of membership:

\_\_\_\_\_ Individual \$ 5.00

\_\_\_\_\_ Family \$ 10.00

\_\_\_\_\_ Lifetime \$100.00

Please make check payable to the **League for the Handicapped, Inc.**

Send to: Membership  
League for the Handicapped, Inc.  
393 North Street  
Springville, New York 14141