



MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

E-MAIL: _____

BIRTHDAY: MONTH _____ DAY _____

My lace interests are:

Send form with \$16.00 dues (cash or checks only) to L.A.C.E. to:

L.A.C.E. Membership
C/O Ms. Donna Fousek
4406 Kingston Ave.
Lisle, Illinois 60532-1321

Home: 630.960.3662; Cell: 630.740.0456
Email: ibaland@yahoo.com

If joining after June 30th as a new members, pay only \$8.00.

Welcome to L.A.C.E.