Application for Membership
Hartwick LEAH – The Meeting Place

Last Name:

First Name (1):

First Name (2):

Address:

Address (2):

City:

State:

Zip:

County:

Email address:

Alternate email:

Phone 1:

Phone 2:	
HSLDA Member:	YES NO
School District:	
Children Names:	

Questions?
Contact:
Antonietta LoRusso, Chapter Leadership
(607) 293 – 3125
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