



PROVISIONAL MEMBER ROSTER INFORMATION / FORM 1

Thank you for your interest in Las Amigas de Las Lomas. We look forward to working together with you in support of the Orthopaedic Institute for Children.

Please complete this form online and click on "Submit Form" button below or print and return to our Membership Chair at:

Membership Chair
PO Box 2515
Palos Verdes Peninsula, CA 90274

Las Amigas (First & Last Name):		
Spouse's Name:		
Street Address:		
City, ST, Zip Code:		
Home Phone:		Cell Phone:
Work Phone:		Email:
Birthday (Month/Day):		Las Amigas Sponsor:

LOS AMIGOS INFORMATION

Child's Name:
School/Grade:

Child's Name:
School/Grade:

Child's Name:
School/Grade:

Child's Name:
School/Grade: