



OMEGA LIFE MEMBERSHIP FOUNDATION, INC.

**2014 Annual Corporate Meeting
Pennsylvania Convention Center
Philadelphia, PA 19107
July 13, 2014**

REGISTRATION FORM

NAME: _____ LM No. _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (Home) _____ (Other) _____

E-MAIL: _____ CHAPTER: _____

_____ I will attend the Annual Corporate Meeting **ONLY**. (No Admission Fee)

_____ I will attend the Annual Corporate Meeting and the OLMF Memorial Luncheon.

Omega Life Membership Memorial Luncheon Ticket (s) _____ X \$60.00 = \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

The Secretary must receive this form and all fees by June 30, 2014

Larry A. Brown, Secretary

Omega Life Membership Foundation, Inc.

PO Box 90091 Washington, DC 20090-0091

Make Check Payable to: **Omega Life Membership Foundation, Inc.**

MUST BE PRE-REGISTERED TO BE ELIGIBLE TO VOTE AT THE ANNUAL MEETING. THERE IS NO ON-SITE REGISTRATION FOR THE OMEGA LIFE MEMBERSHIP ANNUAL CORPORATE MEETING OR MEMORIAL LUNCHEON.

FOR OFFICE USE ONLY

Date Received _____

Amount Received _____

Check No. _____

Receipt No. _____