

**FRONTLINES MEMBERSHIP APPLICATION**

Name:

Address:

Electronic mail contact information:

Telephone contact information:

Briefly describe how you are impacted by the TEVS transmission or the LEAPS generation project:

I affirm my dedication to the purposes of FRONTLINES \_\_\_\_\_ (initial)

I agree to comply with FRONTLINES Bylaws and Articles of Association and will accept meeting notices and other communications from FRONTLINES via electronic mail \_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature:

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

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Please mail the completed application and a \$1 membership fee to:

FRONTLINES Secretary  
40701 Ortega Highway  
Lake Elsinore, CA 92530