

Member Card Replacement Form



Mail OR FAX THIS FORM TO:

FAU LLS, 5353 Parkside Drive, PA-134, Jupiter, FL 33458-2906
Fax: 561-799-8563 or 561-799-8815

MEMBER INFORMATION

Member ID: _____ Email: _____

First Name: _____ M.I. : _____

Last Name: _____

Address

Street: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Previous Card Information (Filled by LLS Staff)

Card ID: _____ Issue Date: _____

Payment Information

Card Replacement Cost: **\$15.00**

Cash

Amount Received

Check

Check Number

Payable to FAU/LLS

Credit Card

- Visa
- MasterCard
- American Express

Card Number

Expiration Date _____ CSC _____

Print Name on Card

Signature

FOR OFFICE USE ONLY — Received at Jupiter Campus:

Date: _____ a.m. p.m. By: _____

Mail Fax Walk-in Interdept. Other

Front Desk Only

Data-processing Only