

LSIOT, INC

MEMBER SPECIAL STICKER REQUEST FORM

DATE OF REQUEST: _____

MEMBER NAME: _____

MEMBER ADDRESS:

MEMBER PHONE NO.: _____

NAME OF PERSON STICKER TO BE ISSUED TO: _____

PHONE NO.: _____

RELATIONSHIP TO MEMBER: _____

REASON FOR REQUEST/TIME PERIOD FOR STICKER REQUEST:

By signing below you understand that each special request presented to the Board of Directors is considered on a case-by-case basis and are issued and or revoked at the sole discretion of the Board of Directors. Please note that if your Special Sticker request is approved this only entitles the **Sticker Issuant GATE ACCESS ONLY** this **DOES NOT ENTITLE THEM TO ANY MEMBERSHIP PRIVILEGES.**

MEMBER SIGNATURE: _____ Date: _____

(OFFICE USE ONLY)

____ Approved

____ Denied

____ Revoked

Date of Board of Directors Action: _____

Sticker# Issued _____ Issued by: _____ Date Issued: _____

Comments: _____
