



LEAPO APPLICATION FOR MEMBERSHIP and/or TRASH SERVICE

www.LEAPO@LEAPO.com

Category (Check one)

NEW ____

RENEWAL ____

You are invited and encouraged to attend our meetings and participate in our projects

Billing Name _____

Billing Address _____

City, State, Zip _____

Pick Up Address _____

City, State, Zip _____

Phone Number _____

Rent _____ Own _____

Subdivision _____ Lot Number _____

Email Address _____ If you wish to receive information and updates from LEAPO

YOU MUST BE A PAID MEMBER OF LEAPO TO PARTICIPATE IN THE TRASH PROGRAM

Check Applicable Lines

Fill in Amount

_____ I am presently a member of LEAPO

_____ Enclosed is my yearly LEAPO membership of \$24.00 _____

_____ Enclosed is my \$ 40.00 quarterly Trash payment _____

_____ Enclosed is my \$150.00 yearly Trash payment _____

_____ Trash Cart Rental quarterly \$7.00 (optional) _____

_____ Trash Cart Purchase \$100.00 (optional) _____

TOTAL ENCLOSED _____

Make check payable to: LEAPO

Mail to: LEAPO, P.O. Box 127, Goreville, IL 62939

Allow one week for registration.

Call 618-995-2629 with any billing questions

Membership Includes: Discounted Trash Rate, Sponsor Discounts, Quarterly Newsletter

Prices effective 7/01/18