

## LSSO Listserve Invoice

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**Step 1.** Please subscribe to the LSSO List at:

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**Step 2.** Mail your payment today to LSSO, P.O. Box 1572, Manchester, MA 01944

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Please bill my credit card:

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Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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To post to the list, please send an email from a subscribed address to:

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