



MEMBERSHIP FORM

INSTITUTION _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (_____) _____ FAX (_____) _____

CONTACT PERSON _____

EMAIL _____

TYPE OF INSTITUTION

CIRCLE ONE: COLLEGE / UNIVERSITY COMMUNITY / JR COLLEGE OTHER

CIRCLE ONE: PUBLIC PRIVATE

ENROLLMENT: _____

FEE ASSESSMENTS

INSTITUTIONAL DUES (\$50.00, INCLUDES ONE PROFESSIONAL MEMBERSHIP) \$ _____

INDIVIDUAL DUES (\$15.00 PER PROFESSIONAL MEMBERSHIP) \$ _____

STUDENT DUES (\$5.00 PER STUDENT MEMBERSHIP) \$ _____

LATE FEE (\$15.00/INSTITUTION AND \$5.00/PROFESSIONAL MEMBERSHIP)
(if payment is made after November 1st) \$ _____

TOTAL AMOUNT PAID: \$ _____

LIST ALL MEMBERS

Professional (P) and Student (S)

NAME	EMAIL	NAME	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MAKE ALL CHECKS PAYABLE TO **LCIRSA**. PLEASE MAIL TO:

Randy L. Mast
137 Belle Alliance Drive
Donaldsonville, LA 70346

