## **LLAA AUXILIARY DUES APPLICATION**

## TODAY'S DATE PLEASE TYPE OR PRINT CLEARLY YOUR Auxiliary name\_\_\_\_\_City\_\_\_\_\_ KC Council Affiliation Name /Number\_\_\_\_ Number of MEMBERS as of today's date.\_\_\_\_\_ (must fill in) Date Auxiliary formed Meeting Date:\_\_\_\_\_\_ Place\_\_\_\_\_ Time\_\_\_\_ Term of Office: \_\_\_\_\_year(s) Installation Month Name of President: Delegate: YES NO [circle one] Phone [H]\_\_\_\_-City: Zip Phone [C]\_\_\_\_-\_\_-Spouse\_\_\_ Living Deceased\_\_ E-Mail TWO DELEGATES: [If the President is a Delegate, fill in one other delegate] Phone [H]\_\_\_\_-\_\_\_ 1. Phone [C]\_\_\_\_\_-\_\_\_ Address City\_\_\_\_Zip\_\_\_\_ Spouse Name\_\_\_\_\_ Living Deceased \_\_\_\_\_ Phone [H] \_\_-\_\_\_\_ 2. Phone [C]\_\_\_\_-\_\_-Address \_\_\_\_\_ City Zip Spouse Name E-Mail\_\_\_\_\_\_ Living Deceased ALTERNATES: Name:\_\_\_\_\_\_Phone: \_\_\_\_\_\_ Name: Phone: - -

ANNUAL AUXILIARY MEMBERSHIP DUES in the amount of \$30.00 are due on or before June 30 of current year. Make checks payable to Louisiana Ladies Auxiliary Association. You must fill out this application to update your information and send it ALONG WITH A CURRENT UP TO DATE ROSTER. Please make sure all blanks are filled in. If dues not postmarked by July 15th, the auxiliary information will not be printed in the annual roster. If dues not paid by August 1st, your auxiliary will be dropped from state. If you are no LONGER President. PLEASE GIVE THIS FORM TO NEW PRESIDENT.

Mail to: Ellen Falgoust, Membership Director

5633 Antioch Blvd., Baton Rouge, LA 70817 Phone: 225-756-2697

E-Mail: LLAAmembers@gmail.com