

**LOUISIANA LADIES AUXILIARY ASSOCIATION  
MEMBER INFORMATION SHEET**

Today's Date \_\_\_\_\_  
Name of YOUR Auxiliary \_\_\_\_\_  
Member's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_  
Knight's name or recommended by: \_\_\_\_\_  
Council \_\_\_\_\_  
Church Parish \_\_\_\_\_  
E-Mail Address of member \_\_\_\_\_

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**ATTENTION PRESIDENTS:** \*\*Check and Date Appropriate Box: (This part for President to fillout on any new, dropped or deceased members and mail to me ASAP.) Please check only one box and date it. This form does not have to be filled every year for each member, only when one of the following 4 situations apply.

New[  ] Date \_\_\_\_\_  
Dropped [  ] Date \_\_\_\_\_  
Deceased[  ]Date \_\_\_\_\_  
Name Change[  ]Date \_\_\_\_\_ OLD Name \_\_\_\_\_  
NEW Name \_\_\_\_\_

President's Signature \_\_\_\_\_  
President's E-Mail Address \_\_\_\_\_

**ATTENTION:** Please fill out this form completely for every New Member, Dropped Member or Deceased Member. Also,if a current member has a name change (list old and new name). It is vital that I get this information in a timely manner so I can have an up to date and accurate record of all members in the LLAA.

Please mail to: Ellen Falgoust  
5633 Antioch Blvd  
Baton Rouge, LA 70817  
E-mail: [LLAAmembers@gmail.com](mailto:LLAAmembers@gmail.com)  
225-756-2697