

**LLAA AUXILIARY DUES APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY**

TODAY'S DATE \_\_\_\_\_

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 \_\_\_\_\_

Installation Month \_\_\_\_\_ Term of Office: \_\_\_\_\_ year(s)

**Information for Roster:**

**President:**

Name \_\_\_\_\_ Phone [H] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone [C] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Spouse Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

**Alternate Contact:**

Name \_\_\_\_\_ Phone [H] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone [C] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Spouse Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

**Each Auxiliary is allowed 2 voting delegates at the Quarterly meetings. Auxiliaries determine who will be their delegates for those meeting. They will sign in as Delegate 1 and Delegate 2 for record keeping purposes.**

**ANNUAL AUXILIARY MEMBERSHIP DUES in the amount of \$30.00 are due on or before June 30 each 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: Linda McMath  
132 Presque Isle  
Houma, LA 70363**

**For Questions contact: Ellen Falgoust, Membership Director**

**E-Mail: LLAAmembers@gmail.com**

**Phone: 225-756-2697**

*Revised 3/26/2024*