

Auxiliary Insurance Information Sheet 2025 Policy Year

1. Auxiliary Name: _____

2. Physical Address of Regular Meeting Location:

3. Cost calculation:

(Honorary members are covered, but they are free of charge)

Number of Members in the Auxiliary: _____

Number of Honorary Members: _____

Number of Members for Insurance cost:
(Membership total minus Honorary): _____

Multiply the number of members for
Insurance cost times \$2.50: X \$2.50

Cost _____

This form along with your check for the cost amount listed above can be turned in at the November meeting or mailed by December 1, 2024.

Mail to:

Linda McMath
132 Presque Isle
Houma, LA 70363