## **Auxiliary Insurance Information Sheet 2025 Policy Year**

Auxiliary Name:					
Physical Address of	Regular Meeting Loca	ation:			
Number of Membe Number of Honoral Number of Membe (Membership total	rs in the Auxiliary: ry Members: rs for Insurance cost: minus Honorary):			ge)	
		<u>X</u>	\$2.50	-	
	Physical Address of  Cost calculation: (Honorary member Number of Membe Number of Honorar Number of Membe (Membership total Multiply the number	Cost calculation: (Honorary members are covered, but the 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:	Cost calculation: (Honorary members are covered, but they are free 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 X Insurance cost times \$2.50:	Physical Address of Regular Meeting Location:  Cost calculation: (Honorary members are covered, but they are free of char.)  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 X \$2.50 Insurance cost times \$2.50:	Physical Address of Regular Meeting Location:  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:

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