



Louisiana Creole Research Association

MEMBERSHIP APPLICATION

Name		
Address		
City	State	Zip
Phone	Cell	
Email		
Occupation	Current <input type="checkbox"/>	Retired <input type="checkbox"/>

Are you interested in Family Genealogy Research?	List Family Surnames Below

Would you like to participate on a committee?			Please check those areas of interest
Membership <input type="checkbox"/>	Programs <input type="checkbox"/>	Conference <input type="checkbox"/>	
Social Media <input type="checkbox"/>	Grants <input type="checkbox"/>	Other _____ <input type="checkbox"/>	

Why are you joining LA Creole?			Please check all that apply
Academia <input type="checkbox"/>	Genealogist <input type="checkbox"/>	Family/Friends <input type="checkbox"/>	
Author <input type="checkbox"/>	Research/Historian <input type="checkbox"/>	General Interest <input type="checkbox"/>	

How did you hear of LA Creole?			Please check all that apply
Social Media <input type="checkbox"/>	Website <input type="checkbox"/>	Conference <input type="checkbox"/>	
Family/Friend <input type="checkbox"/>	Community Event <input type="checkbox"/>	Other <input type="checkbox"/>	

If referred, by whom?

Annual Membership Dues		
Individual	\$35 <input type="checkbox"/>	
Couple	\$45 <input type="checkbox"/>	Spouse Name
Family	\$55 <input type="checkbox"/>	Up to four family members within the same household
Student	\$15 <input type="checkbox"/>	Institution <input type="checkbox"/> Full time status, up to age 25 <input type="checkbox"/>
Group/Organization	\$125 <input type="checkbox"/>	Eight or more members
Corporate	\$225 <input type="checkbox"/>	Corporate ID #

Make checks payable to: **Louisiana Creole Research Association**
Mail to: LA Creole P.O. Box: Library Resource Center, 1 Drexel Drive, NOLA 70125

Signature

Date

I give my permission to share my personal information (address, phone number and/or email) with LA Creole members. Yes No

Office Use Only:

Amount received \$ _____ Check No. _____ Posted by: _____ Date: _____