



LOUISIANA RESEARCH ASSOCIATION

MEMBERSHIP APPLICATION

GENERAL INFORMATION

Name _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Email address _____

I give my permission to share my personal information (address, phone #, and/or email address) with LA Creole members. yes no

Other family members _____

Surnames you will research _____

Committees (please check those of interest to you)

Membership Program Conference

Telephone Grants History

Reasons for joining

Academia Genealogist Family

Research Author Historian General Interest

How did you find out about LA Creole? _____

Please continue on next page.

