

# Louisiana Creole Research Association

## MEMBERSHIP APPLICATION



<b>Name</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Phone</b>		<b>Cell</b>	
<b>Email</b>		<b>Birth Month &amp; Day*</b>	
<b>Occupation</b>			Current <input type="checkbox"/> Retired <input type="checkbox"/>

*\*(Birth Month & Day = Optional, If you would like to receive a birthday greeting from LA Creole)*

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

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

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		
<b>Membership</b> <input type="checkbox"/>	<b>Programs/Outreach</b> <input type="checkbox"/>	<b>Conference</b> <input type="checkbox"/>
<b>Marketing/Social Media</b> <input type="checkbox"/>	<b>Newsletter</b> <input type="checkbox"/>	<b>Other</b> _____ <input type="checkbox"/>

Annual Membership Dues (January – December)		
<b>Individual</b>	\$45 <input type="checkbox"/>	
<b>Couples/Family</b> <small>(2- 4 people at one address) Please list the FULL NAME and EMAIL address for each.</small>	\$55 <input type="checkbox"/>	Additional Member #1 _____ email _____ Additional Member #2 _____ email _____ Additional Member #3 _____ email _____
<b>Full-Time Student</b>	\$20 <input type="checkbox"/>	A copy of your current student ID is required with this application.
<b>Corporate</b>	\$100 <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, New Orleans, LA 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: \_\_\_\_\_