

Louisiana Creole Research Association

MEMBERSHIP RENEWAL FORM



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

NOTE: If NONE of your contact information has changed you may leave address, phone and email fields blank. If one or more have changed, please provide the most current information.

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

Annual Membership Dues (January – December)		
Individual	\$45 <input type="checkbox"/>	
Couples/Family (2- 4 people at one address) Please list the FULL NAME and EMAIL address for each.	\$55 <input type="checkbox"/>	Additional Member #1 _____ email _____ Additional Member #2 _____ email _____ Additional Member #3 _____ email _____
Full-Time Student	\$20 <input type="checkbox"/>	A copy of your current student ID is required with this application.
Corporate	\$100 <input type="checkbox"/>	Corporate ID # _____
<i>Make checks payable to: Louisiana Creole Research Association</i> Mail to: LA Creole P.O. Box: Library Resource Center, 1 Drexel Drive, New Orleans, LA 70125		

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

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: _____