

Louisiana Creole Research Association

MEMBERSHIP APPLICATION



Name			
Address			
City	State	Zip	
Phone	Cell		
Email	Birth Month & Day*		
Occupation			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		
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?		

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

Annual Membership Dues (January – December)		
Individual	\$45 <input type="checkbox"/>	
Couples/Family <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 _____
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 # _____

Make checks payable to: Louisiana Creole Research Association (or LA Creole)
Mail to: LA Creole c/o J. Ellsworth - 11437 Melvin Place, New Orleans, LA 70128-5207

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 Approved: _____