

# 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)		
<b>Individual</b>	\$45 <input type="checkbox"/>	
<b>Couples/Family</b> (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 _____
<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 # _____
<b>Make checks payable to: Louisiana Creole Research Association (or LA Creole)</b> <b>Mail to: LA Creole c/o J. Ellsworth - 11437 Melvin Place, New Orleans, LA 70128-5207</b>		

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 Approved: \_\_\_\_\_