

LSTA MEMBERSHIP

APPLICATION / CHANGE OF ADDRESS FORM

Membership Dues:

___ 1 Year \$15.00 ___ 3 Years \$40.00 ___ Full Time Student \$10.00

Name: _____

Email Address: _____

**** Email must be provided to receive correspondences from LSTA including LASER*

Alternative Email: _____

Parish: _____

Preferred Mailing Address: Home Work School

Contact Phone: _____

****Helpful when serving on committees ... not required*

Please Print, Mail Form & Fees to:

LSTA Membership

P. O. Box 398

Raceland LA 70394

ALL CHECKS SHOULD BE MADE PAYABLE TO LSTA