



**APPLICATION  
FOR MEMBERSHIP**

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Name of Business \_\_\_\_\_

Doing Business As \_\_\_\_\_  
(If different than above)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_  
(Last) (First)

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of Employees \_\_\_\_\_

Areas of Interest (insurance, legislation, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Membership Dues \$180.00 Annually  
Please make check payable to LIBA**

Dues to LIBA are not deductible as charitable contributions for federal income tax purposes.  
Dues may be deductible as an ordinary business expense.