



**APPLICATION
FOR MEMBERSHIP**

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.) _____

Signature _____ Date _____

**Associate Membership
Membership Dues \$250.00 Annually
Please make check payable to LIBA**

Dues to LIBA are not deductible as charitable contributions for federal income tax purposes.