



**LOUISIANA CREOLE RESEARCH ASSOCIATION
2010 MEMBERSHIP RENEWAL APPLICATION**

Please fill out the following form, make checks payable to Louisiana Creole Research Association, and return to:

LA Creole
P. O. Box 791845
New Orleans, LA 70179-1845

Name(s) _____

Address (Current) _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____ Email _____

Profession/Occupation _____ Retired? yes ___ no ___

Family Names currently researching: _____

Membership Dues (annually)—please check the appropriate category:

- ___ Individual \$35
- ___ Couple \$45
- ___ Family \$55 (up to 4 family members in same household)
- ___ Student \$15 (full time up to age 25)
- ___ Group/Organization \$125 (8 or more members)
- ___ Corporate \$225

Please check a committee you would like to serve on:

- ___ Membership
- ___ Telephone
- ___ Program
- ___ Ways & Means
- ___ Conference
- ___ Publicity

(Signature)

(Date)

Do not write below this line

Amount received \$ _____ Check No. _____ Posted by _____ Date _____