



Louisiana Rural Health Association

P.O. Box 387
 Napoleonville, LA 70390
 (985)369-3813 / (985)369-3630 fax
 www.lrha.org

2017

LRHA Membership Application

Amount Due:	Amount Enclosed:
\$	

Name: _____ Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Please select a category below according to your organization by placing a mark in the box underneath and complete the member contact section below.

\$300	\$600	\$700	\$200	\$30	\$750
Small Organizational Membership (<10 employees) <i>6 Staff Members Represented</i>	Medium Organization Membership (10-25 employees) <i>8 Staff Members Represented</i>	Large Organizational Membership (>25 employees) <i>10 Staff Members Represented</i>	Individual Membership <i>1 Staff Member Represented</i>	Student Membership	Supporting Membership <i>3 Staff Members Represented</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please keep a copy of this form as your receipt for 2017 LRHA Membership Dues.

Activity	Amount
• 2016 LRHA Membership	\$ _____

Name	Email Address
1. <i>(Will serve as primary contact)</i>	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Payment Type: Check Enclosed Visa MasterCard

Name on card: _____ Expiration Date: _____

Credit Card Number: _____

Thank you for your continued support!