



LAFAYETTE ATHLETIC ASSOCIATION OF THE DEAF  
 200 RUE DE BELIER  
 LAFAYETTE, LA 70506  
 PHONE: (337) 205-2598  
 FAX: (337) 984-9866

# 2022-2023 MEMBERSHIP FORM

(Sept. 1, 2022 – Aug. 31, 2023)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ ( ) VP ( ) TEXT ( ) VOICE

EMAIL ADDRESS \_\_\_\_\_

LAAD EMPLOYEES & OFFICERS ONLY	
SOCIAL SECURITY # _____ - _____ - _____	DATE OF BIRTH ____/____/____
DRIVERS LICENSE # _____	STATE _____

- ( ) Annual Adult Membership - \$25.00 ( ) NEW ( ) RENEW
- ( ) Active Member ( ) Associate Member
- ( ) Two years Officers -\$50.00
- ( ) Honorary Member
- ( ) Youth Membership (Under 18 years old) -\$15.00

Office Use Only
____/____/____

Total Amount: \$ \_\_\_\_\_

( ) Cash ( ) Check # \_\_\_\_\_

\*\*\*\*\*NON REFUNDABLE\*\*\*\*\*

Are you interested in receiving Monthly Meeting Report in Mail? ( ) YES ( ) NO  
 Are you interested in receiving from [CajunLAAD@laad.net](mailto:CajunLAAD@laad.net)? ( ) YES ( ) NO

**\*\*MEMBERSHIP APPLICATION IS SUBJECT TO APPROVAL BY VOTE OF THE GENERAL MEMBERSHIP\*\***