



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

2023-2024 MEMBERSHIP FORM

(Sept. 1, 2023 – Aug. 31, 2024)

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 - \$60.00 () NEW () RENEW
- () Active Member () Associate Member
- () Two years Officers -\$120.00
- () 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 LAADPR1971@gmail.com? () YES () NO

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