



Louisiana Association of Municipal Secretaries and Assistants (LAMSA)

2009 Membership Application

Name _____

Title _____

Municipality _____

Address _____
P.O. Box or Street City State Zip

Telephone () _____ FAX () _____

E-mail Address: _____

Please indicate your interest in serving on a committee or as an officer or board member with LAMSA:

Committee Yes No Officer/Board Yes No

Membership Dues: \$35.00 per member

Fed ID #72-1152251

(copies may be made of membership form for additional members)

Make check payable to **LAMSA** and return with application form to:

Linda Strickland
LAMSA Membership/Registration/Certification Coordinator
LA Association of Municipal Secretaries & Assistants
PO Box 1537
Gonzales, LA 70707-1537
(225) 644-1451 FAX (225) 644-9966 Cell: (225) 715-2725 Email: lstrick@eatel.net

Check out LAMSA's website: <http://lma.org/lamsa/lamsa.htm>

FOR OFFICE USE

Amount Paid \$ _____

Check # _____

Date Paid _____

Receipt# _____