

# Louisiana Rural Health Association

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

## 2014 Membership Application

Amount Due:	Amount Enclosed:
\$	

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please select a category below according to your organization by placing a mark in the box underneath.*

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

**Please keep a copy of this form as your receipt for 2014 LRHA Membership Dues.**

Activity	Amount
• 2014 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!**