

TOGETHER WE ARE STRONGER

COLAA Membership Application

___ New membership ___ Renewal membership

Annual membership dues are:

___ Individual (\$15) ___ Family (\$20) ___ Organization (\$25)

CONTACT NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

Please make your check payable to "COLAA" and mail to:

P.O. Box 51648, Lafayette, LA. 70505-1648