

LOUISIANA LADIES AUXILIARY ASSOCIATION

MEMBER INFORMATION SHEET 2017 - 2018

Today's Date \_\_\_\_\_

Name of YOUR Auxiliary \_\_\_\_\_

Members Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Knight's name or recommended by: \_\_\_\_\_

Council \_\_\_\_\_

Church Parish \_\_\_\_\_

E-Mail Address of member \_\_\_\_\_

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**ATTENTION PRESIDENTS \*\*Check and Date Appropriate Box: (This part for President to fill out on any new, dropped or deceased members and mail to me ASAP.) Please check only one box and date it. This form does not have to be filled every year for each member, only when one of the following three apply.**

**New [ ] Date \_\_\_\_\_ or Dropped [ ] Date \_\_\_\_\_ or Deceased [ ] Date \_\_\_\_\_**

President's Signature \_\_\_\_\_

President's E-Mail Address: \_\_\_\_\_

**ATTENTION: Please fill out this form completely for every New Member, Dropped Member or Deceased Member. Also, if a current member has a name change ( list old name and new name). It is vital that I get this information in a timely manner so I can have an up to date and accurate record of all members in the LLAA.**

**. Please mail to: Kathleen Montgomery 118 West 16<sup>th</sup> Ave. Covington, La. 70433. E-mail: ktmmony@aol.com 985-276-2875**

**Revised 5/1/2017**