

Louisiana Collegiate Intramural-Recreational Sports Association



MEMBERSHIP RENEWAL INVOICE

Institution: _____
 Mailing Address: _____
 City/State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Contact Person: _____
 Email: _____

Type of Institution

Circle one: College/University Community/Junior College Other

Circle one: Public Private

Enrollment _____

Fee Assessments

Institutional Dues (\$50.00, includes one Professional Membership) \$ _____

Individual Dues (\$15.00 per Professional Membership) \$ _____

Student Dues (\$5.00 per Student Membership) \$ _____

Late Fee (\$15.00/Institution and \$5.00/Professional Membership)
 {if payment made after November 1st} \$ _____

Total Amount Paid \$ _____

List All Members

Professional (P) and Student (S)

Name	Email	Name	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MAKE ALL CHECKS PAYABLE TO LCIRSA and mail to:

Attn: Zach Bracey

6363 St. Charles Avenue Campus Box 1
 New Orleans, LA 70118