

**The Richelieu Leger Family Association, Inc. M E M B E R S H I P F O R M**

Type of membership;

(Please circle one) Annual: \$ 15 – Family \$ 10 –

Single Member's full name:

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(Please print) Last First Middle / Maiden

Address: Street or P O Box , City State Zip

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Phone: (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ Work

(\_\_\_\_\_) \_\_\_\_\_ Email Address

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For record use only (to be completed by membership Chairperson:

Membership Card # \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Check #

\_\_\_\_\_ Check dated \_\_\_\_\_ Cash \_\_\_\_\_

**Please mail to**

Connie Lege Rost

1125 Coulee Kinney Dr.

Abbeville, LA. 70510