

**Louisiana Association of
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225-766-2992

Fax 225-766-8552 • e-mail: lasact@aol.com • web site: www.lasact.org

APPLICATION FOR STUDENT MEMBERSHIP

NAME:

___ Mr. ___ Mrs. ___ Ms. _____
Other Title _____ Last First Middle

MAILING ADDRESS:

_____ Street City State ZIP

EMPLOYER: _____

OFFICE ADDRESS:

_____ Street City State ZIP

OFFICE PHONE: _____

HOME PHONE: _____

FAX NO.: _____

E-MAIL ADDRESS: _____

FACILITY DIRECTOR'S NAME: _____

I am a full time student at _____

Name of School & Department

I am taking _____ total hours as a ___ graduate ___ undergraduate student.

Dues are payable as follows for the calendar year: \$45.00 for full time students

Make check or money order payable to LASACT, and mail this application and dues to:

LASACT -- P.O. Box 80235 -- Baton Rouge, LA 70898-0235

Credit Card #: _____ Expiration Date: _____ Name on Card: _____

I understand that my dues will purchase a non-voting membership in the Louisiana Association of Substance Abuse Counselors and Trainers (LASACT). I also understand that there is a two year limit on student membership.

Signature of Student

Date

By signing below I verify that this applicant is a full time student at the stated school.

Signature of Department Head

Department Phone Number

Date