

**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

MEMBERSHIP APPLICATION OR RENEWAL

I am requesting (check one): new membership renewal of current membership reinstatement

NAME:

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

MAILING ADDRESS:

Street/P.O. Box City State ZIP

EMPLOYER: _____

FACILITY DIRECTOR'S NAME: _____

OFFICE ADDRESS:

Street City State ZIP

OFFICE PHONE: _____ **HOME PHONE:** _____

FAX NO: _____ **E-MAIL ADDRESS:** _____

BCSAC # _____ **EXP. DATE** _____ **BCCG #** _____ **EXP. DATE** _____

BCPS # _____ **EXP. DATE** _____ **CIT #** _____ **EXP. DATE** _____

Dues are payable as follows for the calendar year:

Regular Membership \$90.00

Student Membership: \$ 45.00 (Please request Student Application Form)

Make check payable to LASACT, and mail application and dues to:

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

Credit Card Type & #: _____ **Expiration Date:** _____

Name as Shown on Card: _____

Signature

Date
