

**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: [admin@lasact.org](mailto:admin@lasact.org) • web site: [www.lasact.org](http://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:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**ADRA Credential/LASACT Certificate/Other Credential or Certificate - Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> LAC # _____ EXP. DATE _____ | <input type="checkbox"/> PSIT # _____ EXP. DATE _____  |
| <input type="checkbox"/> CAC # _____ EXP. DATE _____ | <input type="checkbox"/> CCDP-D# _____ EXP. DATE _____ |
| <input type="checkbox"/> RAC # _____ EXP. DATE _____ | <input type="checkbox"/> CCDP _____ EXP. DATE _____    |
| <input type="checkbox"/> CIT # _____ EXP. DATE _____ | <input type="checkbox"/> CCGC# _____ EXP. DATE _____   |
| <input type="checkbox"/> ATA# _____ EXP. DATE _____  | <input type="checkbox"/> CCJP # _____ EXP. DATE _____  |
| <input type="checkbox"/> LPP # _____ EXP. DATE _____ | <input type="checkbox"/> AADC# _____ EXP. DATE _____   |
| <input type="checkbox"/> CPP # _____ EXP. DATE _____ | <input type="checkbox"/> CCS# _____ EXP. DATE _____    |
| <input type="checkbox"/> RPP # _____ EXP. DATE _____ | <input type="checkbox"/> Other _____ EXP. DATE _____   |

(Specify Type & number, i.e. LCSW #0000)

**Dues are payable as follows**

\$112.50 for October 1, 2010 through December 31, 2011

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

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

If paying by Credit Card, please fill in the information requested below and mail to the above address or fax to 225.766.8552.

Credit Card Type & #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Code from back of card \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

***Credit card information may be phoned in to 225.766.2992, if followed by fax of this form to 225.766.8552.***

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**For Office Use Only**

Check/Money Order # \_\_\_\_\_ Check/MO Amount \_\_\_\_\_  Personal Check/MO  Agency Check /MO  
Check/MO Date \_\_\_\_\_ Date Received \_\_\_\_\_ Date Deposited: \_\_\_\_\_

Comments: \_\_\_\_\_

Paid by Credit Card as noted above or as phoned in