

**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 - LACT STUDENTS**

new membership    renewal of current membership    reinstatement (\$25 fee)

**NAME:**

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_\_\_  
Other Title \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**MAILING ADDRESS:**

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**OFFICE ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PHONES:** O \_\_\_\_\_ H \_\_\_\_\_ FAX \_\_\_\_\_

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

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**ADRA Credential(s) - Check all that apply**

\_\_\_ LAC   \_\_\_ CAC   \_\_\_ RAC   \_\_\_ CIT # \_\_\_\_\_   Expiration Date \_\_\_\_\_  
\_\_\_ LPP   \_\_\_ CPP   \_\_\_ RPP   \_\_\_ PSIT# \_\_\_\_\_   Expiration Date \_\_\_\_\_  
\_\_\_ CCS # \_\_\_\_\_   Expiration Date \_\_\_\_\_   \_\_\_ CCGC # \_\_\_\_\_   Expiration Date \_\_\_\_\_  
\_\_\_ ATA # \_\_\_\_\_   Expiration Date \_\_\_\_\_

**LASACT Certificate(s) Check all that apply:**

\_\_\_ AADC # \_\_\_\_\_   Expiration Date \_\_\_\_\_   \_\_\_ CCDP-D # \_\_\_\_\_   Expiration Date \_\_\_\_\_  
\_\_\_ CCDP # \_\_\_\_\_   Expiration Date \_\_\_\_\_   \_\_\_ CCJP # \_\_\_\_\_   Expiration Date \_\_\_\_\_

**Other Types of Right to Practice Credential(s)**

LPC # \_\_\_\_\_   Expiration Date \_\_\_\_\_   LMFT # \_\_\_\_\_   Expiration Date \_\_\_\_\_  
LCSW # \_\_\_\_\_   Expiration Date \_\_\_\_\_   LMSW # \_\_\_\_\_   Expiration Date \_\_\_\_\_

If credential is not in above list(s), fill in type / number / expiration date here: \_\_\_\_\_

**Dues cover calendar year - January through December**

Individual Membership \$90.00 ♦ Student Membership: \$45.00 - Download student form at [www.lasact.org](http://www.lasact.org)

*Full time student status must be verified - maximum for student membership is two years.*

**Dues payment Options:**

- ✓ Online at [www.lasact.org](http://www.lasact.org) using PayPal **and** faxing application form to 225.766.8552
- ✓ By check or money order sent through U.S. mail to: LASACT – P.O. Box 80235 – Baton Rouge, LA 70898-0235
- ✓ By filling in the Credit Card information requested below and mailing to the above address **or** faxing to 225.766.8552.
- ✓ By phoning Credit Card information to 225.766.2992 **and** faxing this form to 225.766.8552

***Membership Applications - new or renewal - cannot be processed until  
LASACT receives this Form.***

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Credit Card information: Credit Card Type & #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code on back of card \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_