

**Louisiana Association of  
Substance Abuse Counselors and Trainers, Inc. (LASACT)**  
P.O. Box 80235 • Baton Rouge, Louisiana 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)

**ORGANIZATIONAL MEMBERSHIP APPLICATION OR RENEWAL**

new membership     renewal of current membership

ORGANIZATION/AGENCY \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Dues are \$250.00 annually and are payable on July 1 each year to cover the period of July 1 through June 30.**

If paying by credit card: Credit Card # : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ V Code from back of card \_\_\_\_\_

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

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

It is understood that applications for Organizational Membership are subject to the approval of the LASACT Board of Directors. In order to vote, hold office, and benefit from member discounts an individual LASACT membership must be held.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

\*\*\*\*\*

**For Office Use Only**

Check/MO #: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Check Date: \_\_\_\_\_ Paid Thru: \_\_\_\_\_

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