LOUISIANA ASSOCIATION OF SUBSTANCE ABUSE COUNSELORS AND TRAINERS (L.A.S.A.C.T.)

P.O. Box 80235 · Baton Rouge, Louisiana 70898-0235 · 225.766.2992
Fax 225.766.8552 · e-mail: admin@lasact.org · web site: www.lasact.org

APPLICATION FOR STUDENT MEMBERSHIP

NAME:
___ Mr. ___ Mrs. ___ Ms. _____
Last First Middle

MAILING ADDRESS: _____
Street City State ZIP

AGENCY NAME: _____

AGENCY ADDRESS: _____
Street City State ZIP

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

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

HOME ADDRESS: _____
Street City State ZIP

I am a full time student at _____
Name of School & Department

Dues are payable as follows:
$45 for calendar year - January through December
Make check payable to LASACT, and mail this application and dues to:

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

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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: _____
V Code from back of card _____

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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 2 year limit on student membership.

_____ _____ _____
Signature of Student SSN Date

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

_____ _____
Signature of Department Head Date

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FOR OFFICE USE ONLY

Check/MO No: _____ Amount paid: _____ Date Paid: _____ Paid Thru: _____

File:C:\docfiles\forms\ Mem.app Student
Rev: April 28, 2011