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

SCHOOL NAME: _____

SCHOOL ADDRESS: _____
Street City State ZIP

PHONES: W _____ **H** _____ **C** _____

FAX: _____ **E-MAIL ADDRESS** _____

HOME ADDRESS: _____
Street City State ZIP

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

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Dues are payable as follows: $56.25 for period of 10/1/10 through 12/31/2011

Make check payable to LASACT, and mail this 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: _____
V Code from back of card _____ Card Billing Zip Code _____

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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 Date

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 Regular
Rev:August 4, 2010