

LOUISIANA LADIES AUXILIARY ASSOCIATION

MEMBER INFORMATION SHEET 2018 - 2019

Today's Date _____

Name of YOUR Auxiliary _____

Members Name _____ DOB _____

Address _____

City, State & Zip _____

Home Phone _____ Other _____

Married _____ Single _____ Widowed _____ Other _____

Knight's name or recommended by: _____

Council _____

Church Parish _____

E-Mail Address of member _____

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**ATTENTION PRESIDENTS \*\*** Check and Date Appropriate Box: (This part for President to fill out on any new, dropped or deceased members and mail to me ASAP.) Please check only one box and date it. This form does not have to be filled every year for each member, only when one of the following 4 apply.

New [ ] Date \_\_\_\_\_ or Dropped [ ] Date \_\_\_\_\_ or Deceased [ ] Date \_\_\_\_\_

NameChange-OLD \_\_\_\_\_ NEW \_\_\_\_\_

President's Signature \_\_\_\_\_

President's E-Mail Address: \_\_\_\_\_

**ATTENTION: Please fill out this form completely for every New Member, Dropped Member or Deceased Member. Also, if a current member has a name change ( list old name and new name). It is vital that I get this information in a timely manner so I can have an up to date and accurate record of all members in the LLAA.**

Please mail to: Kathleen Montgomery 118 West 16<sup>th</sup> Ave. Covington, La. 70433. E-mail: [ktmmonty@aol.com](mailto:ktmmonty@aol.com)