

**LLAA AUXILIARY DUES APPLICATION 2018-2019**

**PLEASE TYPE OR PRINT CLEARLY**

TODAY'S DATE \_\_\_\_\_

**YOUR** Auxiliary name \_\_\_\_\_ City \_\_\_\_\_

Knights of Columbus Council Affiliation Name /Number \_\_\_\_\_

Number of MEMBERS as of todays date. \_\_\_\_\_ (must fill in) Date Auxiliary formed \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Place \_\_\_\_\_ Time \_\_\_\_\_

Installation Month \_\_\_\_\_ Term of Office: \_\_\_\_\_ year's

Name of President: \_\_\_\_\_ Delegate: YES NO [circle one]

Address: \_\_\_\_\_ Phone: [R] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ zip \_\_\_\_\_ Phone [C] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ Spouse \_\_\_\_\_ Living\_\_ Deceased\_\_

**TWO DELEGATES: [If the President is a Delegate, fill in one other delegate]**

1. Name \_\_\_\_\_ Phone [R] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone [W] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Spouse Name \_\_\_\_\_

E-mail \_\_\_\_\_ Living \_\_\_\_\_ deceased \_\_\_\_\_

2. Name \_\_\_\_\_ Phone [R] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone [W] \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_ Spouse Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

ALTERNATES: Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Annual Auxiliary Membership Dues for 2018-2019 in the amount of \$30.00 are due on or before June 30<sup>th</sup>. Make checks payable to Louisiana Ladies Auxiliary Association. You must fill out this application and send a check, ALONG WITH A CURRENT UP TO DATE ROSTER. Please make sure all blanks are filled in. Dues not postmarked by July 15<sup>th</sup>, will not be printed in the annual roster. If dues not paid by August 1<sup>st</sup>, your auxiliary will be dropped from state. If you are no LONGER Pres. PLEASE PASS this form ON TO NEW PRESIDENT.**

Mail to: **Kathleen Montgomery, Membership Director**

**118 West 16<sup>th</sup> Ave. Covington, La. 70433**

**Phone: 985-276-2875**

**E-Mail:KTMMONTY@AOL.com**