

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 **today's 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 30th. 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 15th, will not be printed in the annual roster. If dues not paid by August 1st, 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 16th Ave. Covington, La. 70433

Phone: 985-276-2875

E-Mail:KTMMONTY@AOL.com