

LLAA AUXILIARY DUES APPLICATION 2016-2017

PLEASE TYPE OR PRINT CLEARLY

TODAY'S DATE _____

YOUR Auxiliary Name: _____ City: _____

Knight of Columbus Council Affiliation: Name/Number _____

Number of Member on 6/1/16 <<Must Fill In >> **Date Auxiliary Formed** _____

Meeting Date: _____ Place: _____ Time: _____

Installation Month _____ Term of Office: _____ years

Name of President: _____ Delegate: YES NO (circle one)

Address: _____ Phone: (R) ____ - ____ - ____

City: _____ Zip _____ Phone (C) ____ - ____ - ____

E-mail _____ Spouse _____ Living ___ Deceased ___

TWO DELEGATES: (If 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: _____ - _____ - _____

2016-2017
Annual Auxiliary Membership Dues for ~~XXXXXX~~ 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.** 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. There will be a reinstatement fee of \$20.00 to join again. **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**

revised 4/27/16