

## 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 30<sup>th</sup>. 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 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. 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 16<sup>th</sup> Ave. Covington La. 70433**

**Phone: 985-276-2875**

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

revised 4/27/16