

**Louisiana Association of
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

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ORGANIZATIONAL MEMBERSHIP APPLICATION OR RENEWAL

_____ New Membership _____ Renewal of Current Membership

Organization Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact Person: _____

Phones: Work _____ Cell: _____

Email: _____ Fax: _____

**Dues are \$250 annually and are payable on July 1 each year to cover the period of
July 1 through June 30.**

Make check or money order payable to LASACT: Mail application and dues to:

LASACT
P.O. Box 80235
Baton Rouge, LA 70898-0235

Dues may also be paid with PayPal at www.lasact.org.
or by filling in credit card information below.
Convenience fee of \$10 applies to these methods.

*It is understood that applications for Organizational Memberships are subject to the approval of the
LASACT Board of Directors. In order to vote, hold office, and benefit from member discounts, an
individual membership must be held.*

Signature of Contact Person

Date

Credit Card Information:

Type Card/Number _____ Name on Card: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code _____

Signature: _____ Date: _____