

# MEMBERSHIP CARD ORDER FORM



This form may be duplicated as needed.  
**(Make copies for additional orders before completing this form.)**

Mail the form and dues (**Checks payable to LAPTA**) to:  
Amy Watts 571 Demery Blvd Shreveport, LA 71115  
318-347-8939 (c) E-mail: awatts1125@gmail.com

(Type or print clearly)

LUR # \_\_\_\_\_ District \_\_\_\_\_  
(Required for submitting order)

Unit \_\_\_\_\_

Address of Unit \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Dues for \_\_\_\_\_ members x \$4.00 = \_\_\_\_\_  
Amount Sent

**Please send membership cards to:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Unit President's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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**For office use only**

Date request received \_\_\_\_\_  
Amount received: \$ \_\_\_\_\_ ck # \_\_\_\_\_ or cash  
Receipt # \_\_\_\_\_ Date cards mailed \_\_\_\_\_