Richelieu Lége/Léger/Legére Family Assoc. Inc.

Membership Renewal Form

Types of Membership: **Life: $150;** **Annual: Family-$15.00** **Single-$10.00**

Member's Full Name (please print)

_____
Last First Maiden/Middle

Address: (Adresse):_____
Street / P O Box

City (Ville)_____State (Etat)_____Country (Pays)_____Zip:____

Home Phone:( )_____Work Phone:( )_____

E-Mail:_____

Please print and mail completed form and payment (U S Funds Only) to:

Please print and mail completed form and payment (U S Funds Only) to **The Richelieu Leger Family Association, Inc.**
c/o Joyce H. Lege
1125 Coulee Kinney Dr.
Abbeville, La. 70510

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For Record Use Only: *(To be completed by membership chairperson)*
Amt:_____ Date Rec'd:_____Membership Card:_____
Cash:_____Check No.:_____ Check Dated:_____