

The Richelieu Leger Family Association, Inc.

MEMBERSHIP FORM

Type of membership; (Please circle one) Annual: \$ 15 – Family \$ 10 – Single

Member's full name: _____
(Please print) Last First Middle / Maiden

Address: _____
Street or P O Box

City State Zip

Phone: (_____) _____ Home (_____) _____ Work(_____) _____

Email Address: _____

For record use only (to be completed by membership Chairperson: Membership Card # _____

Amount _____ Date Rec'd _____ Check # _____ Check dated _____ Cash _____

Please mail to

Joyce Lege

1125 Coulee Kinney Dr.

Abbeville, LA. 70510