

Richelieu Lége/Léger/Legère Family Assoc. Inc.

Membership Form

Types of Membership (Please circle one) **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:() _____ Mobile Phone:() _____

E-Mail: _____

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

For Record Use Only: (To be completed by membership chairperson)

Amt: _____ Date Rec'd: _____ Membership Card: _____

Cash: _____ Check No.: _____ Check Dated: _____ / Cashed: _____