

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: \_\_\_\_\_

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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**