



LSWA MEMBERSHIP APPLICATION

July _____ - June _____

APPLICATION DATE _____

NAME _____

AFFILIATION _____

POSITION _____

ADDRESS _____

CITY, ZIP _____

BUSINESS PHONE _____

CELL PHONE _____

EMAIL _____

TWITTER _____

Membership Status: _____ **New Membership** _____ **Renewal**

Membership Type: _____ **Regular \$25** _____ **Student \$10**

Return membership form with a payment to:

**Kent Lowe
LSWA Treasurer
6254 Belle Grove
Baton Rouge, LA 70820**