



# Louisiana Rural Health Association

## 2017

P.O. Box 387  
 Napoleonville, LA 70390  
 (985)369-3813 / (985)369-3630 fax  
 www.lrha.org

<b>Amount Enclosed:</b>
\$

## LRHA Membership Invoice

Name: _____ Organization: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

\*Please be sure to fill this section in completely.\*

*Please select a category below according to your organization by placing a mark in the box underneath.*

\$30 Student Membership	\$200 Individual Membership  <i>1 Staff Member Represented</i>	\$300 Small Organizational Membership (<10 employees)  <i>6 Staff Members Represented</i>	\$600 Medium Organization Membership (10-25 employees)  <i>8 Staff Members Represented</i>	\$700 Large Organizational Membership (>25 employees)  <i>10 Staff Members Represented</i>	\$750 Supporting Membership (Conference Exhibitors)  <i>3 Staff Members Represented</i>

Please keep a copy of this form as your receipt for 2017 LRHA Membership Dues.

- 2017 LRHA Membership

Name	Email Address
1. <i>(Will serve as primary contact)</i>	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Payment Type:     Check Enclosed     Visa     MasterCard

\*We DO NOT accept American Express.\*

Name on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**Thank you for your continued support!**