



Louisiana Rural Health Association

2018

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

Amount Enclosed:
\$

LRHA Membership Invoice

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 (<i><10 employees</i>) <i>6 Staff Members Represented</i>	\$600 Medium Organization Membership (<i>10-25 employees</i>) <i>8 Staff Members Represented</i>	\$700 Large Organizational Membership (<i>>25 employees</i>) <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 2018 LRHA Membership Dues.

- 2018 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!