



Office Use Only:

MEMBERSHIP # \_\_\_\_\_

Check # \_\_\_\_\_ Check Dated: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Processed by: \_\_\_\_\_

## Membership Application

Date: \_\_\_\_\_

### Membership Level:

\_\_\_\_\_ General Member (\$50 Annually) \_\_\_\_\_ Associate Member (\$25 Annually)

### General Information:

Party Affiliation: \_\_\_\_\_

Parish: \_\_\_\_\_ Precinct: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (s): \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ -- or -- \_\_\_\_\_

### Areas of participatory interest (recruiting, phone banking, financial, committee level):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Method: **Check Only**

Please make checks payable to: **Cenla GoPac, Inc.**

Remit to: Cenla GoPac, Inc.; P.O. Box P.O. Box 12445; Alexandria, LA 71315-2445