

## 2025 Louisiana Institute for Administrative Assistants (LIAA) **Membership Application** (membership is on calendar year basis January - December)

Date:			
Member Type:  □ Municipality	□ Parish □ School S	ystem □ State/Othe	er Agency □ Firm/Individual
Organization/Entity:			·····
Mailing Address:			
City		State	Zip
·			·
Telephone: ( )			
Member Name(s)	Title/Position	Phone #	Email (if different)
(You may make copies of this page	e for additional name	s)	
Active Membership (administration or corporation) \$30 pe		•	nent entity
Associate Membership (any pers \$40 per p	on not eligible for ac person x		
Retired Individual (not currently	employed) \$10 per p	person xp	ersons
		TOTAL EN	CLOSED
Return this form and a check mad LA 70707, ATTN: Billie Tripp, l	1 .	`	
For Office Use: Check #	Use: Check # Date Check Issued		