# 2026 Louisiana Institute for Administrative Assistants (LIAA) Membership Application

(membership is on calendar year basis January - December)

Date: _____

Member Type:

☐ Municipality ☐ Parish ☐ School System ☐ State/Other Agency ☐ Firm/Individual

Organization/Entity: _____

Mailing Address: _____

_____

City State Zip

Telephone: ( ) _____ FAX ( ) _____

Email: _____

| Member Name(s) | Title/Position | Phone # | Email (if different) |
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**(You may make copies of this page for additional names)**

Active Membership (administrative assistant or similar title with government entity or corporation) $30 per person x _____ persons _____

Associate Membership (any person not eligible for active membership) $40 per person x _____ persons _____

Retired Individual (not currently employed) $10 per person x _____ persons _____

**TOTAL ENCLOSED** _____

Return this form and a check made payable to LIAA (FED ID#92-0834396) to: PO Box 1029, Gonzales, LA 70707, ATTN: Billie Tripp, LIAA Coordinator, 225-644-0619, cctripp@eatel.net; www.liaanow.org

For Office Use: Check #_____ Date Check Issued _____