

MEMBERSHIP APPLICATION

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ **Fax:** _____

Email: _____

Website: _____

_____ I want to include my voice with the Partnership to ensure that children and families of Louisiana are represented and have the necessary resources to thrive.

_____ Member ~ Individuals ~ \$25

_____ Partner ~ Organizations/Businesses ~ \$100

_____ Additional Donation in the amount of \$_____

The Partnership greatly appreciates your donation over and above your membership fee that will help expand the work of the Partnership.

_____ Please contact me regarding in-kind services that I can provide, i.e. marketing, printing, meeting space, etc.

_____ Check Enclosed in the amount of \$_____

_____ Please Send Invoice in the amount of \$_____