



LOUISIANA FINANCE ASSOCIATION

11918 BRICKSOME AVE., SUITE A (70816) • P.O. BOX 40183 (70835) • BATON ROUGE, LOUISIANA • 225/295-1300 • FAX 225/295-3157

MEMBERSHIP APPLICATION

Attached herewith is our check in the amount of \$_____, covering our application for membership for _____(number of offices). We understand our application must have final approval by your entire Board of Governors, and that in the event our application is not accepted, the full amount of the above will be returned to us.

We understand that every member must pay dues thereon for each office they own, **even though one or more of those offices are operated under different names or by separate corporation, but are controlled by the same general ownership.**

In the event our membership is accepted, the attached check represents our total dues for a period of one (1) year from date of application on each office, based on the below formula.

MEMBERSHIP APPLICATION RECEIVED AFTER JANUARY 31, SHOULD BE PRORATED FOR THE NUMBER OF MONTHS REMAINING IN THE CALENDAR YEAR.

PAID ON THE BASIS OF:

If you have only one office you pay-----	\$300.00
If you have one (1) office through four (4) offices you pay-----	\$250.00 per office
If you have five (5) offices or more you pay-----	\$225.00 per office
The dues cap is-----	\$10,000.00
Associate Members pay-----	\$300.00

In consideration of membership in the LOUISIANA FINANCE ASSOCIATION, we do pledge our support to the said association in maintaining its active support of favorable legislation and favoring the right to earn a reasonable profit on our investment.

(Signed)_____ (Title)_____ (Date)_____
(Person authorized to vote for Corporation)

MEMBERSHIP QUESTIONNAIRE

Company Name_____ State License #_____

Address (Street & City) _____

Telephone (_____)_____ Fax (_____)_____ Date Incorporated_____

Name & Address of Person to Receive Association Mail_____

Email_____

Officers: Name_____ Title_____

Officers: Name_____ Title_____

Officers: Name_____ Title_____

This application is for (check one) FULL_____ ASSOCIATE_____ membership

Is over 50% of your corporation owned by a person living within the state of Louisiana? YES_____ NO_____

Name of other offices owned, and to be enrolled into membership:

_____	Name	_____	Address
_____	Name	_____	Address
_____	Name	_____	Address

(LFA DUES ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION FOR TAX PURPOSES, BUT CONTINUE TO BE DEDUCTIBLE AS A BUSINESS EXPENSE.)

YOUR ANNUAL DUES PAYMENT TO LFA IS NOT TOTALLY 100% DEDUCTIBLE AS A BUSINESS EXPENSE FOR FEDERAL INCOME TAX PURPOSES. THIS IS DUE TO THE 1993 OMNIBUS BUDGET RECONCILIATION ACT. WE WILL EXPEND 32% FOR LOBBYING ACTIVITIES AND THAT PERCENTAGE WILL NOT BE TAX DEDUCTIBLE.