

# Louisiana Surplus Line Association

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## ASSOCIATE MEMBERSHIP APPLICATION

*(Please Type or Print)*

Company or Firm Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Mailing Address: \_\_\_\_\_  
*(City) (State) (Zip)*

Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

**Associate Membership** is open to any insurance company, re-insurance company, non-resident Louisiana Surplus Lines license holders, any other insurance related organization or individual, or any organization or individual whose function is to provide a service to Association members.

**Associate Member** dues are \$500 annually.

Please provide the information requested and return this completed application for membership in the

### **Louisiana Surplus Line Association.**

Enclose a check for your annual dues of \$500 payable to **L S L A.**

Applicant: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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