

Louisiana Surplus Line Association
P. O. Box 446
Mandeville, Louisiana 70470

FULL MEMBERSHIP APPLICATION

THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION
Your check for annual dues made payable to Louisiana Surplus Line Association.

(Please Type or Print Clearly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

WATS LINE(S): _____

E-MAIL: _____ WEBSITE: _____

Do you or your firm hold an active Surplus Lines License: YES _____ NO _____

YOUR INDIVIDUAL LOUISIANA LICENSE NO.---Agent _____ Broker _____

YOUR FIRM'S LOUISIANA LICENSE NO.---Agent _____ Broker _____

If your firm is a partnership or corporation, list the names of partners or officers and their titles:

If your firm is a partnership or corporation, the following persons have the authority to represent the firm in all affairs at meetings of the Louisiana Surplus Line Association:

Representative: (LSLA Contact) _____

Alternate: _____

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Name of Person Submitting Application: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**ANNUAL DUES ARE \$500.00**  
**TO BE SUBMITTED WITH APPLICATION**