

# LSLA

Louisiana Surplus Line Association

www.lsla.bizland.com

P. O. Box 446  
Mandeville, LA 70470

Phone (985) 792-4798  
Fax (985) 792-4796

## RETAIL AGENCY MEMBERSHIP APPLICATION

*(Please Type or Print)*

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Toll Free Number: \_\_\_\_\_

LSLA Contact: \_\_\_\_\_

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

Web Site Address: \_\_\_\_\_

Does your agency hold a Louisiana Surplus Lines Brokers License? \_\_\_\_ Yes \_\_\_\_ No

If Yes, provide the Name of Licensee exactly as it is shown on the license: \_\_\_\_\_  
\_\_\_\_\_

Year Agency was formed: \_\_\_\_\_

Enclosed is our check in the amount of \$100.00 annual dues.

Name of person making application: \_\_\_\_\_

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

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

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