

SOUTHWEST LOUISIANA BANKRUPTCY BAR ASSOCIATION

MEMBERSHIP APPLICATION
January 1, 2010 - December 31, 2010
DUES: \$50.00 (Enclose with application)

Please mail application to

SLBBA
P.O. Box 91511
Lafayette, LA 70509-1511

Renewal

New Membership

NAME: _____

FIRM/CO/AGCY: _____

ADDRESS: _____

OFFICE PHONE: _____ E-MAIL: _____

FAX: _____

Survey Question:

Do you prefer to receive your newsletter by email or regular mail?

Email

Snail Mail

PLEASE INDICATE YOUR PRIMARY CLIENTELE, IF APPLICABLE

CONSUMER DEBTOR _____ BUSINESS DEBTOR _____ LARGE CREDITOR _____ SMALL CREDITOR _____

OTHER (EXPLAIN): _____

FOR SLBBA OFFICE USE ONLY

DATE RECEIVED: _____

AMOUNT OF DUES PAID WITH APPLICATION: _____ FOR CALENDAR YEAR: _____