



**Membership resides with the Individual
and is not transferable.
All applications are subject to the approval
of the Executive Committee.**

Application for Membership

Name		
Title		
Organization		
Address		
City	Parish	
State	Zip	
Telephone	Fax	
E-Mail	Web Site	
Affiliation (choose one)		
<input type="checkbox"/> State Agency	<input type="checkbox"/> Private EDO	<input type="checkbox"/> Utility
<input type="checkbox"/> University	<input type="checkbox"/> Parish EDO	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Consultant	<input type="checkbox"/> City EDO	<input type="checkbox"/> Railroad
<input type="checkbox"/> Chamber	<input type="checkbox"/> Other Public EDO	<input type="checkbox"/> Corporation
<input type="checkbox"/> Port:	<input type="checkbox"/> Public/Private EDO	<input type="checkbox"/> Other
Describe your job responsibilities:		
Signature		Date

This application must be endorsed by two (2) active LIDEA members:

Endorsement

Print Name

Endorsement

Print Name

Please complete and mail with your complete membership dues of \$150 to:
LIDEA
P.O. Box 82531
Baton Rouge, LA 70884