



Membership Application

Please return completed application with 2010 Calendar dues to:

PCLNA:
460 Dudley Drive
Shreveport, LA 71104
Phone or Fax (318) 797-4396
Email: info@pclna.org

PLEASE PRINT ALL INFORMATION – COMPLETE INFORMATION IS REQUESTED

Name: _____ Primary Occupation: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Office Phone: _____

Zip: _____

Email: _____ Pager: _____ Fax: _____

Parish of Commission: _____ Date of Commission: _____

Issuing Parish (as shown on commission): _____

Check one:
Attorney Notary: _____ Non-Attorney Notary: _____

Name of Surety: _____ LA Bar or Notary Roll Number: _____

I certify that I am a commissioned Louisiana Notary Public.

\$35.00 Member

Attached: Check: _____ Cash: _____

Signature: _____ Date: _____