



Membership Application

Please return completed application with 2007 Calendar year dues to:

PCLNA:
3002 Donald Dr
Bossier City, LA 71112
Phone or Fax (318) 797-4396
Email: info@pclna.org

PLEASE PRINT ALL INFORMATION - COMPLETE INFORMATION IS REQUIRED

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: _____