

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER FACULTY  
WOMEN'S ALLIANCE (LSUHSCFWA) MEMBERSHIP APPLICATION (2011-12)

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

YOUR LSU DEPT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S LSU DEPT: \_\_\_\_\_

\_\_\_\_\_ Check here if you are interested in volunteering

Applications and \$25 tax-deductible dues must be received by  
October 31, 2011 to be included in the current membership list. If you are  
unable to actively participate, but would like to support the alliance with a  
tax-deductible donation, your generosity will be appreciated.

If you know of anyone who would like to be contacted regarding membership,  
please include his or her name, email address, and telephone number below.

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

e-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mail application and/or check made payable to "**LSUHSCFWA**" for \$25 to  
Kelly Trail Zea, 1013 Nursery Avenue, Metairie, LA 70005 or you may email  
the completed application to me at [scubatrail@yahoo.com](mailto:scubatrail@yahoo.com)

Any Questions? Please feel free to call or email Kelly (504-339-2665 or  
[scubatrail@yahoo.com](mailto:scubatrail@yahoo.com)).