

LOUISIANA OUTDOOR WRITERS ASSOCIATION

*** APPLICATION FOR SUPPORTING MEMBERSHIP ***

SUPPORTING MEMBER: _____

SUPPORTING MEMBER REPRESENTATIVE: _____

TITLE OF REPRESENTATIVE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

CELL/PAGER: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE: _____

DESCRIPTION OF PRODUCT(S) AND SERVICES: _____

DOES YOUR FIRM OFFER SPECIAL PRICING FOR MEMBERS OF LOWA? _____

\$75.00 DUES PAYABLE TO LOWA MUST ACCOMPANY APPLICATION. PLEASE RETURN THIS COMPLETED FORM AND CHECK TO:

LOWA SUPPORTING MEMBERSHIP
P. O. BOX 113518
METAIRIE, LA 70011-3518

FOR LOWA USE ONLY

APPLICANT APPROVED AS SUPPORTING MEMBER: _____

DATE APPROVED BY EXECUTIVE DIRECTOR:

DIRECTORY PROVIDED: _____ PRESS CARD PROVIDED: _____

COMMENTS: _____
