



## MEMBERSHIP FORM

**Individual Membership Fee - \$175.00**

### Agency Membership Fees-

<b>Members:</b>	<b>Fees;</b>	<b>Members;</b>	<b>Fees;</b>
2 – 9 Members	\$475.00	76 – 100 Members	\$3,000.00
10 -19 Members	\$575.00	101-150 Members	\$4,000.00
20 -49 Members	\$1,000.00	151-255 Members	\$5,000.00
50 -75 Members	\$2,000.00	256 - + Members	\$7,000.00

Payments can be made through our website utilizing PayPal or credit card transactions

<http://www.nassleo.org/membership.php> or fill out the information below and send information back to us at [nassleo@nassleo.org](mailto:nassleo@nassleo.org) or mail to PO Box 872012 New Orleans, La. 70187.

An invoice is also available on request.

Name (please print): Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Employer: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (optional): (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Payment (please check one): VISA \_\_\_\_\_ Master Card \_\_\_\_\_ Purchase Order \_\_\_\_\_ Check \_\_\_\_\_

Card#/Purchase Order#/Check # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as displayed on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_