

To **join LIHA** or **renew** your membership, print this form and mail to:

LIHA, Inc.
P.O. Box 1390
Folsom, LA 70437-1390

Amount

<input type="checkbox"/> NEW MEMBER
<input type="checkbox"/> RENEWAL

Individual Adult Membership (1 year) - \$10.00 _____

Family Membership (1 year) - \$15.00 _____

Life Membership - \$100.00 _____

LIHA members only can receive *WHISPERING WIND* Magazine for **\$11 for duration of membership year!**
 (50% off regular rate)

YES! I want *WHISPERING WIND* Magazine! _____

Check # _____ **Total Amount Paid:** _____

Date:					
Name:					
Address:					
City:	State:	Zip:			
Email:	Phone: ()				

I will help with:

- | | | |
|--|--|---|
| <input type="checkbox"/> Powwow - 2 hour shift | <input type="checkbox"/> Newsletter / Typing | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Educational programs | <input type="checkbox"/> Media programs | <input type="checkbox"/> Demonstrations |
| <input type="checkbox"/> Parades | <input type="checkbox"/> Telephone | <input type="checkbox"/> Cooking/Serving Food |
| <input type="checkbox"/> Other: | | |

OFFICE USE ONLY:		
Date processed:	LIHA rep:	
Card issued:	Jack received (date):	WW Paid:

