



**LOUISIANA SCHOOL
FACILITY MANAGER'S
ASSOCIATION**

MEMBERSHIP APPLICATION

**2020 Spring Conference
April 23 & 24, 2020**

SCHOOL DISTRICT/PARISH MEMBERSHIP: _____

REPRESENTATIVE: _____ DATE: _____

JOB TITLE: _____

MAILING
ADDRESS: _____

CITY: _____

STATE/ZIP: _____

OFFICE PH. #: _____ FAX #: _____

CELL # (optional): _____

E-MAIL: _____
(Your e-mail address or someone near you who checks their email often)

Shirt Size _____

I WILL ATTEND THE MEETING: _____

I WILL NOT ATTEND THE MEETING: _____

MEMBERSHIP DUES ENCLOSED: _____

WILL BRING DUES TO THE MEETING: _____

DUES ARE \$100.00 PER YEAR FOR SCHOOL DISTRICT REPRESENTATIVE
(IF SENDING A CHECK, **MAKE PAYABLE TO: LA. SCHOOL FACILITY MANAGERS' ASSOCIATION**)

PLEASE RETURN YOUR REGISTRATION TO:

LOUISIANA SCHOOL FACILITY MANAGER'S ASSOCIATION
c/o Brice Villard
P.O. DRAWER 2158
LAFAYETTE, LA 70502-2158

YOU MAY EMAIL YOUR COMPLETED FORMS TO: lsfma.org@gmail.com

YOU MAY FAX IN YOUR FORMS TO 337-521-7349, Attn: Brice Villard