

**Louisiana Association of
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225.766.2992

Fax 225.766.8552 • e-mail: admin@lasact.org • web site: www.lasact.org

MEMBERSHIP APPLICATION - LACT STUDENTS

new membership renewal of current membership reinstatement (\$25 fee)

NAME:

___ Mr. ___ Mrs. ___ Ms. _____
Other Title _____ Last _____ First _____ Middle _____

MAILING ADDRESS:

Street/P.O. Box _____ City _____ State _____ ZIP _____

EMPLOYER: _____

OFFICE ADDRESS:

Street _____ City _____ State _____ ZIP _____

PHONES: O _____ H _____ FAX _____

CELL _____ **E-MAIL ADDRESS:** _____

ADRA Credential(s) - Check all that apply

___ LAC ___ CAC ___ RAC ___ CIT # _____ Expiration Date _____
___ LPP ___ CPP ___ RPP ___ PSIT# _____ Expiration Date _____
___ CCS # _____ Expiration Date _____ ___ CCGC # _____ Expiration Date _____
___ ATA # _____ Expiration Date _____

LASACT Certificate(s) Check all that apply:

___ AADC # _____ Expiration Date _____ ___ CCDP-D # _____ Expiration Date _____
___ CCDP # _____ Expiration Date _____ ___ CCJP # _____ Expiration Date _____

Other Types of Right to Practice Credential(s)

LPC # _____ Expiration Date _____ LMFT # _____ Expiration Date _____
LCSW # _____ Expiration Date _____ LMSW # _____ Expiration Date _____

If credential is not in above list(s), fill in type / number / expiration date here: _____

Dues cover calendar year - January through December

Individual Membership \$90.00 ♦ Student Membership: \$45.00 - Download student form at www.lasact.org

Full time student status must be verified - maximum for student membership is two years.

Dues payment Options:

- ✓ Online at www.lasact.org using PayPal **and** faxing application form to 225.766.8552
- ✓ By check or money order sent through U.S. mail to: LASACT – P.O. Box 80235 – Baton Rouge, LA 70898-0235
- ✓ By filling in the Credit Card information requested below and mailing to the above address **or** faxing to 225.766.8552.
- ✓ By phoning Credit Card information to 225.766.2992 **and** faxing this form to 225.766.8552

***Membership Applications - new or renewal - cannot be processed until
LASACT receives this Form.***

Credit Card information: Credit Card Type & #: _____
Expiration Date: _____ Security Code on back of card _____ Billing ZIP Code _____