

**LOUISIANA TAXIDERMISTS ASSOCIATION  
NEW MEMBER REGISTRATION**

**Taxidermist Name:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

2015 - 2016 Family Membership Dues: \$40.00  
Checks can be made out to: LTA or Louisiana  
Taxidermists Association

Please mail to: Rhonda Adams  
7569 Clara Lane  
Lake Charles, LA 70607