ACADIANA CHAPTER of LMGMA
Sponsorship Application

Sponsor's Name:			
Title:		E-Mail Address:	
Business Name:			
Mailing Address:			
Phone Number:		Fax Number:	
Type of Business:			

Check one:

☐ **Sponsorship Fee** for _____ Amount due……..……$100.00

Referred By:

Check one: ☐ **EMAIL Meeting Notice** ☐ **FAX Meeting Notice**

Please make checks payable to: ***LMGMA – Acadiana Chapter*** and mail to**: P. O. Box 53244, Lafayette LA 70505-3244** or bring to the next meeting.

Sponsorship paid by:		**Date:**		**Check #:**	