

LCA Membership Invoice

Louisiana Cattlemen's Association
P.O. Box 4710 Lake Charles, LA 70606-4710
(225)399-3156 - lcamem@labeef.org



Invoice # : 2025 Membership Form - \$75 Renewal New Member

Name: _____
 Farm Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____@_____
 Mobile Number: _____
 Parish: _____
 Recruited By: _____

How would you like to receive your magazine? **Mail**
 Email

If you would like to make a donation towards scholarships or disaster relief please include separate Check made out to LCAF or contact LCA Office

Parish Dues: (Please circle all that apply)

- | | | |
|-----------------------|-----------------------|-----------------------|
| Acadia..... \$10 | Grant. \$5 | Richland\$30 |
| Allen..... \$30 | Iberia\$10 | Sabine.\$5 |
| Ascension \$10 | Iberville/WBR . \$5 | St. Charles \$5 |
| Avoyelles \$30 | Jackson\$10 | St. Helena \$10 |
| Beauregard ... \$25 | Jefferson.....\$10 | St. Landry..... \$10 |
| Bienville \$5 | Jeff. Davis\$15 | St. Martin \$10 |
| Bossier \$10 | Lafayette\$10 | St. Tammany .. \$10 |
| Calcasieu \$10 | Lafourche\$10 | Tangipahoa .. \$10 |
| Caldwell \$10 | LaSalle\$10 | Terrebonne \$5 |
| Cameron \$5 | Lincoln\$15 | Union \$5 |
| Catahoula..... \$10 | Livingston \$10 | Vermilion..... \$5 |
| Claiborne \$25 | Morehouse\$20 | Washington .. \$10 |
| Delta \$10 | Natchitoches . \$15 | Webster \$25 |
| DeSoto \$10 | Ouachita\$10 | West Feliciana . \$5 |
| EBR \$10 | Pointe Coupee . \$5 | |
| East Feliciana . \$15 | Rapides..... \$5 | |
| Franklin. \$20 | Red River \$5 | |

OPTIONAL ADDITIONS:	RATE:	AMOUNT:
Parish Dues:	< SEE CHART	\$ _____
LCA Louisiana Fair Share	.50 CENTS PER HEAD	\$ _____
Louisiana CattleWomen Dues Name: _____ Parish: _____ Phone No: _____	\$10	\$ _____
Voluntary PAC Donation	ENTER AMOUNT	\$ _____
NCBA Dues	\$170	\$ _____
TOTAL OPTIONAL:		\$ _____

LCA Dues \$75 + Optional _____ = _____

We accept card, check, or you can pay online at: <https://www.labeef.org/membership>

***PLEASE COMPLETE ONLY IF PAYING BY CREDIT CARD:** Visa MasterCard Discover

Card #: _____ - _____ - _____ Expires: ____ / ____ Name on Card: _____
 CVW Code: _____

***FOR LCA OFFICE USE ONLY:**

Check #: _____ Received: _____ Amt: \$ _____ C#: _____ R#: _____ Approved: ____ / ____ / ____