

2026 LCA Membership Invoice

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



Invoice # : 2026 Membership Form - \$75 Renewal New Member

Name: _____
 Farm Name: _____
 Mailing Address: _____
 _____ City: _____ State: _____
 Zip: _____
 Email Address: _____ @ _____
 Mobile Number: (_____) _____ - _____

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

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	\$180	\$ _____
TOTAL OPTIONAL:		\$ _____

LCA Dues \$75 + Optional _____ = _____

We accept card, check, or you can pay online at: <https://www.labeef.org/membership> Initial in the box if you would like to put this card on auto renewal.

***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: ____ / ____ / ____