

louisiana society  
of anesthesiologists

# LSA-PAC Contribution

## Member Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

## Total Contribution this Year

- LSA Member - \$250 (*suggested*)  
 Resident Member - \$25 (*suggested*)  
 Other \$ \_\_\_\_\_

I authorize the following \$ \_\_\_\_\_ charge --- monthly, quarterly, or annually (circle one)

**Circle One:**    Visa                      MasterCard                      American Express

### Contact Information

**mail to:  
LSA-PAC**

2420 Athania Pkwy,  
Suite 101  
Metairie, LA 70001

**Fax:**

Fax credit card info to  
504-841-0572.

**Questions:**

Contact the LSA-PAC  
Administrator, Janna  
Pecquet, at 504-841-0145 or  
[janna@lsa-online.org](mailto:janna@lsa-online.org).

## Payment Information

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three/Four digit security # \_\_\_\_\_

Billing Address     Check here is same as above

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

Name as it appears on the card (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Contributions are not deductible for income tax purposes.  
Participation in LSA-PAC is voluntary.*