P.O. Box 12177, Lake Charles, LA 70612

SPALS Membership Application

Name: _____

Home Address: _____

City / State / Zip: _____

Home Phone:_____ Work Phone: _____

Employer:_____ Region: _____

E-mail:_____ FAX: _____

MEMBERSHIP FEE: **$25**

AMOUNT ENCLOSED: _____

A $25 processing fee will be charged on all NSF checks.

Please mail to SPALS, Inc., P.O. Box 12177, Lake Charles, LA 70612