



LOUISIANA STATE CORONER'S ASSOCIATION

2024 LOUISIANA STATE CORONER'S ASSOCIATION DUES

Affiliated Coroner's Office: _____

Address: _____

Office Phone: _____

Fax: _____

VOTING MEMBER (Only 1 per office): \$350.00

Name: _____ Designation/Credentials: _____ Title: _____

Email: _____ Direct Number: _____

NON-VOTING MEMBER: \$100.00

Name: _____ Designation/Credentials: _____ Title: _____

Email: _____ Direct Number: _____

NON-VOTING MEMBER: \$100.00

Name: _____ Designation/Credentials: _____ Title: _____

Email: _____ Direct Number: _____

NON-VOTING MEMBER: \$100.00

Name: _____ Designation/Credentials: _____ Title: _____

Email: _____ Direct Number: _____

NON-VOTING MEMBER: \$100.00

Name: _____ Designation/Credentials: _____ Title: _____

Email: _____ Direct Number: _____

TOTAL ENCLOSED: _____

Please make check payable to: Louisiana State Coroner's Association

Mail to: LPS 5555 Hilton Avenue, Ste. 420 Baton Rouge, LA 70808