

P.O. Box 80235  
 Baton Rouge, Louisiana  
 70898-0235



Phone: (225) 766-2992  
 Fax: (225) 766-8552  
 www.lasact.org

## LASACT MEMBERSHIP NEW/RENEWAL FORM

**Membership Year: 2023**

Submission of this form indicates a clear understanding that international certificates will be processed as appropriate upon receipt of these forms. It also indicates an understanding that LASACT membership assures eligibility for the IC&RC International Certificate for applicants with an LAC, CAC, RAC, LPP, CPP, RPP, AADC, CCS, CCJP, CCDP, CCDP-D, or PRSS. **LASACT membership renewal fee is \$90. Total for reinstatement of membership status after March 31, 2023 is \$115.**

**If you fall into any of the below categories, be sure to review the following:**

- **Louisiana Addiction Counselor Training (LACT) Program students** — membership **MUST** be kept current in order to continue to receive the discounted tuition rate. Failure to do so will result in loss of student member status.
- **SAP's qualified through testing with LASACT** — you **MUST** keep your membership current in order to keep your SAP current and maintain your listing in our records.

### APPLICANT INFORMATION (Please print)

**Membership Type:**  New  Renewal  Reinstatement

**Title:** \_\_\_ Mr \_\_\_ Mrs \_\_\_ Other

\_\_\_\_\_  
*Last Name                      First Name/M.I.                      Date of Birth*

\_\_\_\_\_  
*Email Address (Required)*

(        )                      (        )  
*Cell Phone                      Work Phone*

\_\_\_\_\_  
*Position Title                      Employer*

### Race/Ethnicity:

- White  
 Black or African American  
 Asian  
 American Indian and Alaska Native  
 Native Hawaiian and Other Pacific Islander

### Primary Language Spoken:

- English  German  Other \_\_\_\_\_  
 Spanish  Chinese  
 French  Vietnamese

**Armed Forces/Veteran:**  Yes  No

### Mailing Address

**Gender:**  Male  Female  Other  
**Marital Status:**  Married  Divorced  Widowed  Single  Separated  
**Education:**  High School  Associates  Bachelors  Masters  Doctorate  Other \_\_\_\_\_

### GENERAL INFORMATION (Please print)

#### ADRA Credentials

Type	LAC	CAC	RAC	CIT	LPP	CPP	RPP	PSIT	CCS	CCGC	ATA
No.											
Exp. Date											

#### LASACT Certificates/Other Credentials

Type	AADC	CCJP	CCDP	CCDP-D	PRSS	LPC	LMFT	LCSW	LMSW	SAP	OTHER
No.											
Exp. Date											

### PAYMENT INFORMATION (Please print) \$5 Credit Card Convenience Fee will apply to all membership application payments

\_\_\_\_\_  
*Name on Card                      Expiration Date*

\_\_\_\_\_  
*Card Number                      Zip Code                      Security Code*