



Association of Levee Boards of Louisiana

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“WITHOUT FLOOD CONTROL, NOTHING ELSE MATTERS”

ASSOCIATE MEMBERSHIP APPLICATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone #: _____

Facsimile #: _____

Cell Phone #: _____

E-mail Address: _____

Website Address: _____

Amount Due: **\$500** (if paid January 1 – May 7) **\$250** (if paid May 7 – December 31)

Please return this form **AND PAYMENT** to: Association of Levee Boards
Post Office Box 2961
Baton Rouge, LA 70821
Attn: Amber White
225-243-4452 fax
louisianalevee@live.com

** Visa and Master Card accepted – Email CC information for payment **