
Iberia Cultural Resources
ASSOCIATION

Membership Form

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Type of Membership: Individual: (\$10) Family: (\$15) Lifetime: (\$150.00)

Please make checks payable to the **IBERIA CULTURAL RESOURCES ASSOCIATION**.

Mail form and check to: **Iberia Cultural Resources Association**
c/o Claudia Morgan
1409 Bayou Side Drive
New Iberia, LA 70563

| | |
|--------------------------|------------|
| FOR ICRA USE ONLY | |
| Amount received: _____ | |
| _____ Check # _____ | _____ Cash |
| Date Received: _____ | |