



St. Tammany Right to Life
Post Office Box 2606
Slidell, Louisiana 70459
Strtl1986@gmail.com

STRTL Membership Application

I hereby apply for membership for the St. Tammany Right to Life chapter. I certify that I am pro-life opposed to abortion, euthanasia, and destructive fetal stem cell research. I agree to be bound by the bylaws of this organization. Membership dues renew yearly.

Name: _____

(Please print)

Address: _____

City, State, Zip Code: _____

Telephone number: _____ (home) _____ (cell)

Email: _____

I have enclosed my check for \$25.00 for the yearly membership fee – or pay by paypal QR code on your phone or online. You can email us your information.

Date: _____ Signature: _____



Action by Board of Directors: _____ Approved _____ Disapproved

Secretary _____