

Prepared By: _____

Date: _____

District No.: _____

Name of Group: _____

Previous Name: _____

City: _____

Date
Founded: _____ Founder(s): _____

Early Members: _____

Place of First Meeting: _____

Times of First Meeting: _____

Current Meetings: _____

Present Membership Number: _____ Did the group move?: _____

Where: _____ When: _____

Group History (anniversaries, special meetings, outside speakers, notes
about founders, etc.)

Additional Information (Group Name _____)

Mail Completed form to:

Louisiana Area Archives Repository
10319 Old Hammond Hwy, Suite C-3
Baton Rouge, LA 70816