



YOUNG LATINO NETWORK MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Phone:	Email:	

INTERESTS – PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Networking Events
<input type="checkbox"/> Civic Engagement	<input type="checkbox"/> Professional Development Workshops
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Other:
<input type="checkbox"/> Advocacy	

TELL US ABOUT YOURSELF

Educational Background:	High School:	College:
Major(s):	Degree(s):	
Current Employer:		
Position:		
Areas of Specialty:		

PAYMENT INFORMATION

Membership costs is \$25.00 annually
 (Please see a Board member if you are currently a college student)

Payment type:	Check:	Cash:
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Please make checks payable to Young Latino Network
Mail Payment and Application to:
P.O. Box 770361
Lakewood, Oh 44107

REFERRALS

Name	Contact Info:
Name	Contact Info:

SIGNATURE

I understand that this application is valid for one year from the date that membership dues are paid.

Signature of applicant:	Date:
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