

IMPROVING THE QUALITY OF LIFE FOR
PEOPLE OF HISPANIC HERITAGE.

ALLIANCE FOR
HISPANIC
ADVANCEMENT

CORPORATE MEMBERSHIP APPLICATION

Business Information

Primary Contact Member: _____ Title: _____

Mailing Address: _____

Email: _____ Phone: _____

Employee Name: _____ DOB _____ / _____
Month Day

Email: _____ Phone: _____

Employee Name: _____ DOB _____ / _____
Month Day

Email: _____ Phone: _____

Employee Name: _____ DOB _____ / _____
Month Day

Email: _____ Phone: _____

What are your three main areas of interest for the Hispanic Community?

- 1) _____
- 2) _____
- 3) _____

What Committees are you interested in helping with? Education/Scholarship: _____

Events: _____ Fundraising: _____ Volunteer: _____ Community Action: _____ Other: _____

Authorized Applicant Signature: _____