

IMPROVING THE QUALITY OF LIFE FOR
PEOPLE OF HISPANIC HERITAGE.

ALLIANCE FOR
HISPANIC
ADVANCEMENT

INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION

Personal Information

Name: _____ DOB _____ / _____
Month Day

Spouse/Partner: _____ DOB _____ / _____
Month Day

Mailing Address: _____

Email: _____ Cell Phone: _____

Employment Information

Employer: _____ Occupation: _____

Business Address: _____

Email: _____ Work Phone: _____

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

- 1) _____
 - 2) _____
 - 3) _____
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What Committees are you interested in helping with? Education/Scholarship: _____

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

Applicant Signature: _____