



Our Mission...
"To foster opportunities that will promote unity, cultural identity and the presence of the Latina woman in the community."

Membership Application

Name _____ Date _____

Mailing Address _____

City/State/Zip _____ Email _____

Phone (H) _____ (W) _____ Fax _____

Occupation _____ Employer _____

Language(s) Spoken/Written: _____ Country of Heritage: _____

How would you like to receive our communications? E-Mail Postal Mail

(Email recommended for more current updates. Postal mail used for quarterly newsletter, special events invitations, official correspondence, etc.)

Memberships Levels: (Calendar year January-December)

- *Amiga* FREE! **Benefits:** Email updates, access to members only area in website
- *Hermana* \$25.00/year **Benefits:** Email updates, access to members only area in website, printed newsletter subscription, discount to regular Latinas Unidas events
- *Madrina* \$50.00/year **Benefits:** Email updates, access to members only area in website, printed newsletter subscription, discount to regular Latinas Unidas events, listing in online directory with logo and link to website!

I would also like to make a donation in the amount of \$ _____

I am interested in getting involved in the following:

- Clerical Support
- Cultural Activities
- Leadership Opportunities
- Networking Opportunities
- Newsletter Publication/Writing
- Reconocimiento Award Committee
- Technology Assistance/Website
- Scholarships
- Young Latina Issues
- Other _____

How did you hear about Latinas Unidas? _____

Please mail registration with check payable to **Latinas Unidas** and mail to:

Latinas Unidas
c/o Ibero-American Action League
817 East Main Street
Rochester, NY 14605

THANK YOU FOR YOUR SUPPORT - GRACIAS POR TU APOYO