



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 _____

Employer _____ Occupation _____

Language(s) Spoken _____ Written _____

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

Memberships Levels:

- | | |
|--|---------|
| <input type="checkbox"/> Madrina/Godmother | \$50.00 |
| <input type="checkbox"/> Hermana/Sister | \$25.00 |
| <input type="checkbox"/> Ahijada/Student | \$10.00 |
| <input type="checkbox"/> Amigo/Male Friend | \$25.00 |

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

I am interested in getting involved in the following:

- | | |
|---|---|
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Reconocimiento Award Committee |
| <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Technology Assistance |
| <input type="checkbox"/> Leadership Opportunities | <input type="checkbox"/> Women's Scholarship |
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Young Latina Issues |
| <input type="checkbox"/> Newsletter Publication | <input type="checkbox"/> Other _____ |

How did you hear about Latinas Unidas? _____

Please print this registration, make check to **Latinas Unidas** and mail both to:

Latinas Unidas
P.O. Box 67055
Rochester, NY 14617

Latinas Unidas – (585) 234-1495 - <http://www.LatinasUnidas.org>