



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: (Annual Fee, calendar year January-December)

- Madrina/Godmother \$72.00
- Hermana/Sister \$36.00
- Amigo/Male Friend \$36.00
- Ahijada/Student \$12.00 School: _____
(For full-time students)

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