

The Hispanic Leaders Group of Greater St. Louis (HLG)

PO BOX 838 - St. Louis, MO 63188

APPLICATION FORM – INDIVIDUAL

NAME (Nombre):

First Name (Primer Nombre)

Middle Name (Segundo Nombre)

Last Name (Apellido)

RESIDENTIAL ADDRESS:

(Dirección Residencial)

House/Apartment Number (Número de Casa/Apartamento)

Street (Calle)

Email:

City (Ciudad)

State (Estado)

Zip Code (Código Postal)

TELEPHONES:

(Teléfonos)

Home (Residencia)

Work (Trabajo)

Cellular (Celular)

WORK INFORMATION:

(Información del Trabajo)

Name and Address (Nombre y Dirección)

Brief Description (Descripción Breve)

PERSONAL INFORMATION (Información Personal):

Hobbies (Pasatiempos):

Other Organizations

Why do you want to become a member of this organization? (¿Por qué quiere pertenecer a esta organización?)

Personal References (Referencias Personales):

1. _____

2. _____

Tel. _____

Tel. _____

I provide this information on a voluntary basis and it may be released to others by authority from the HLG Board of Directors.

I, _____, formally apply for membership in the Hispanic Leaders Group
Signature Date (Fecha) _____

Individual Membership Annual Dues: \$25.00

(Please attach your check to this form for the stated amount)

Sponsorship Statement (Declaración de endoso):

I, _____, member of The Hispanic Leaders Group propose applicant for membership.
Yo, _____, asociado de los Líderes Hispánicos, endoso a este solicitante como socio.

Member's Signature (Firma del Socio)

Date (Fecha)

Date received by Secretary _____ Board Decision _____ Yes _____ No _____ Decision Date _____

The Hispanic Leaders Group of Greater St. Louis is a not-for-profit 501(c)(3) organization

Date received by Secretary _____ Board Decision ____ Yes ____ No Decision Date _____