

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

PO BOX 838 - St. Louis, MO 63188

APPLICATION FORM – ORGANIZATIONS **NONPROFITS, SMALL BUSINESSES AND CORPORATIONS**

ORGANIZATION NAME: _____
(Nombre de Organización)

ADDRESS: _____
(Dirección)

City (Ciudad)

State (Estado)

Zip Code (Código Postal)

NAME OF OFFICIAL REPRESENTATIVE: _____
(Nombre del Representante Oficial)

CONTACT INFO: _____
(Información de contacto)

Telephone (Teléfono)

Cellular (Celular)

E-mail (Correo-E)

DESCRIPTION OF ORGANIZATION: _____
(Descripción de la Organización)

Brief Description (Descripción Breve)

Why do you want to become a member of HLG? (¿Por qué quiere pertenecer a HLG?)

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

I, _____, formally apply for membership in HLG and attach our check.
Signature Date (Fecha) _____

Types of Membership and Annual Dues: _____ Nonprofit (Sin lucro) \$50.00
(Clases de Socios y Cuotas Anuales) _____ Small Business (pequeño negocio) \$100.00
_____ Large Business/Corporation (Negocio/corporación) \$500.00

Please send check payable to Hispanic Leaders Group for the appropriate membership level.

Sponsorship Statement (Declaración de endoso):

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

Member's Signature (Firma del Socio)

Date (Fecha)

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 _____