

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

PO BOX 78386 - St. Louis, MO 63178

APPLICATION FORM – ORGANIZATION **NON-PROFIT, SMALL BUSINESS AND CORPORATION**

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)

DECRPTION 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. or

Yo, _____, asociado de los Líderes Hispanos, endoso a este solicitante como socio.

Member's Signature (Firma del Socio)

Date (Fecha)