



**MEMBERSHIP APPLICATION**

*By joining the HISPANIC ALLIANCE, INC. I/we are committed to integrating the Hispanic/Latino community by uniting, supporting and strengthening members in the Northern Ohio area and to further the social, educational, and economic development of the Hispanic/Latino community through advocacy, leadership development and the formation of strategic partnerships.*

Check appropriate box for type of preferred membership:	<input type="checkbox"/> Full/Core	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Individual	<input type="checkbox"/> Supporter
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Please print or type (If there is insufficient space below, feel free to attach additional pages)

Organization Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Webpage: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please address the following:

1. Describe your mission.	_____
2. What services do you offer?	_____
3. Which of these services target the Hispanic community?	_____
4. Select your reason(s) for becoming a member of HISPANIC ALLIANCE.	<input type="checkbox"/> Networking within Hispanic community <input type="checkbox"/> Philanthropic interests <input type="checkbox"/> Leadership/Professional development <input type="checkbox"/> Increase knowledge of Hispanic community <input type="checkbox"/> Other _____ <input type="checkbox"/> Information resources <input type="checkbox"/> Marketing opportunities <input type="checkbox"/> Recruitment <input type="checkbox"/> Advocacy
5. How did you hear about HISPANIC ALLIANCE?	<input type="checkbox"/> Website <input type="checkbox"/> Radio <input type="checkbox"/> Event _____ <input type="checkbox"/> Friend / Member _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Printed media <input type="checkbox"/> TV
6. Which best describes your annual operating costs?	<input type="checkbox"/> \$0 - \$150,000 <input type="checkbox"/> \$300,000 - \$750,000 <input type="checkbox"/> \$150,000 - \$300,000 <input type="checkbox"/> \$750,000 – Above

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_