Hispanic League Membership Application



Members Credit Union Semi-Annual Membership \$10.00

Name :					
Address:					
City:		State:		Zip:	
Phone (Home): ()		(Wo	rk): ()	
Email:					
Contact Name: (if Corporate M	Iembership):				
Your membership entitles you to: • Participation in voting for HL officers • Access to HL multicultural network		 Access to Members Credit Union HL Membership Directory & Newsletter 			
☐ Check if you do not want your n	ame published i	n the Memb	ershi p D	Pirectory	
Ple	ase check the ar	eas in which	h you wi	sh to volunteer:	
Education ☐ Scholarship Committee ☐ Student Incentive Program ☐ Mentoring Program	Special Events ☐ Fiesta (September ☐ Spanish Nite (Mar ☐ Hispanic Heritage ☐ Month Events (Oc			Administrative Financial Contribution Fund raising Scholarship Fund	
Cultural Exchange & Awareness ☐ HL Representative at community events ☐ Hispanic Heritage Events ☐ HL Representative at Hispanic/Latino Forums			 □ Families in Need/Crises Assistance □ Dental Clinic Volunteer □ Community Care Center Volunteer 		
Signature		– Dat	e		