



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.

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|---|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| 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 |
|---|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

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:

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|--|--|
| 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: _____