



# LATINO LEADERSHIP ALLIANCE OF NEW JERSEY

100 Jersey Ave. | B104 - Box 15 | New Brunswick, New Jersey 08901  
 Telephone: 732.249.0400 - Fax: 732.249.0206

## Membership Form

*I would like to extend my deepest gratitude and appreciation for your support and dedication of the Latino Leadership Alliance of New Jersey. Together we will advance the agenda of the Latino community and make a positive contribution to the history of Latinos in the State of New Jersey. Martin Perez, Esq., President*

Please fill out all fields below and remember to print clearly. Thank you. Date: \_\_\_\_\_

First Name:		Last Name:		Middle Initial:
Home Address:			City:	State/Zip:
Employer:			Title/Position:	
Work Address:			City:	State/Zip:
Home Phone:	Work Phone:		Mobile Phone:	
Personal Email:			Work Email:	
Professional Affiliation 1:			Prof. Affiliation 1 -Title/Position & Phone:	
Prof. Affiliation 1 - Address:			Prof. Affiliation 1 -City:	State/Zip:
Professional Affiliation 2:			Prof. Affiliation 2 -Title/Position & Phone:	
Prof. Affiliation 2 - Address:			Prof. Affiliation 2 -City:	State/Zip:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			County Chapter Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What County: _____				
Remember to indicate your membership preference and <b>make checks payable to:</b> <b>Latino Leadership Alliance of New Jersey.</b> <b>Please send completed application and check to:</b> <b>100 Jersey Ave.   Suite B104 – Box 15, New Brunswick, NJ 08901</b>				
<b>ACTIVE MEMBERS</b>  <input type="checkbox"/> <b>Statewide Organization (\$500)</b> <input type="checkbox"/> <b>Regional Organization (\$300)</b> <input type="checkbox"/> <b>Local Organization (\$100)</b> <input type="checkbox"/> <b>Individual (\$75 )</b> <input type="checkbox"/> <b>Affiliate (\$25)</b>			<i>For Office Use Only</i>  Received by: _____ Date: _____  Check Deposited by: _____ Date: _____  LLANJ Office: _____	