



Registration Form

Name: _____

Address: _____

City: _____ Zip code: _____

Business phone:() _____ Ext.: _____ Fax: _____

E-mail address: _____

Web Site: _____

Occupation: _____

Citizenship: _____

Children: _____

Hobbies: _____

Area of interest: circle one or more please.

Arts and Culture – Education – Business –

Health and Family – Public Relations – Fundraising

Referred by: circle one or more please.

Radio T.V. Newspaper Flyer Web page Friend e-mail

Membership fees per year: \$ 30.-

Organization Pin optional: \$5.-

Organization Polo optional:\$15.-

Membership renewals will be once each year.

Any question,please call: (954)389-1944

Please make check payable to **Mujeres Latinas IML.Inc** – P.O. Box 267336, Weston, Fl. 33326, or click the Paypal icon on “contact us” section.