LATINO LEADERSHIP ALLIANCE OF NEW JERSEY

100 Jersey Avenue New Brunswick New Jersey 08901 Phone: 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 & County:** &	**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:**
Gender: **M** **F**	**County Chapter Application** **Yes** **No**	

Remember to indicate your membership preference and ***make checks payable to*: Latino Leadership Alliance of New Jersey**. **Please send completed application and check to P.O. Box 5, Cedar Grove, NJ 07009**.

ACTIVE MEMBERS

Statewide Organization ($500)

Regional Organization ($300)

Local Organization ($100)

Individual ($75)

Affiliate ($25)