National Conference of Puerto Rican Women, Inc.
Miami Chapter Founded 1977

MEMBERSHIP APPLICATION

Name_____ D.O.B._____ Age ____Marital Status _____

Home Address _____
Street & Number Apt. # City State Zip Code

Birthplace _____ Occupation _____

Place of Employment _____

Address _____

Home Tel. _____Work Tel. _____ Beeper _____

Mobile Tel. _____ Fax _____ E-mail _____

Other Organizations you belong to: _____

CHECK APPLICABLE MEMBER CLASSIFICATION & ANNUAL DUES

ACTIVE – Women of Puerto Rican Origin	$ 50 ___
ASSOCIATE – Women of non Puerto Rican Origin & Men	$ 50 ___
STUDENT – Women of Puerto Rican Origin, 18 yrs & older Attending full time school, college or university	$ 25 ___
CORPORATE – Business which supports *NACOPRW's* goals & contributes financial assistance	$150 ___
YOUTH – Women of Puerto Rican Origin & Siblings of Associate Members ages 10 – 17 yrs.	$ 15 ___

VOLUNTARY CONTRIBUTIONS

CHRISTMAS FUND	$_____
SCHOLARSHIP FUND	$_____
THANKSGIVING FUND	$_____

TOTAL DUES & CONTRIBUTIONS >>>>>>>>>>>>>>>>>>> $_____

MAKE CHECK PAYABLE AND MAIL COMPLETED APPLICATION TO:

NACOPRW Miami Chapter
P.O. Box 170444
Miami Gardens Branch
Hialeah, FL 33017

COMMITTEE(S) I WISH TO BELONG

(Check all that apply)

AWARDS _____
BY LAWS _____
CHRISTMAS ACTIVITY _____
CULTURAL _____
FUND RAISING _____
ISSUES _____
MEMBERSHIP _____
NEWSLETTER _____
PROGRAM _____
PUBLICITY _____
SCHOLARSHIP _____
TELEPHONE _____
THANKSGIVING ACTIVITY _____
TREASURY _____
YOUTH _____

Signature _____ *Person who recommended you to us* _____

NACOPRW IS A NON PROFIT TAX EXEMPT ORGANIZATION UNDER THE 501 (C) 3 IRS CHARTER. YOUR DUES & CONTRIBUTIONS ARE DEDUCTIBLE FOR INCOME TAX PURPOSES.

FOR OFFICE USE ONLY

Date Received_____By_____Pd.Ck#_____or Cash_____

Amts Pd. For: Dues $_____Xmas $_____Scholarship $_____Thanksgiving $_____Other $_____