

SOCIEDAD DE PUERTORRIQUEÑOS EN HOUSTON, INC.

MEMBERSHIP APPLICATION

THE PERSONAL INFORMATION OF MEMBERS WILL BE KEPT CONFIDENTIAL.

To be completed by Treasury Comm.

Date of Payment _____

Check Number _____

New Renewal Referred by _____

NAME _____

ADDRESS _____

(CITY)

(STATE)

(ZIP CODE)

TELEPHONES: Residential _____ Cel _____

Job _____ FAX _____

E-MAIL _____

BIRTH DATE (mo/day) _____ OCCUPATION _____

COUNTRY OF ORIGIN _____ LANGUAGE PREFERENCE _____

Family Members

Name

Ages

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Committees (choose one in which to participate)

Activities & Charitable Projects Public Relations Culture & Arts Membership
 Youth and Education Business & Professionals Advisory

Membership Categories (Annual dues non-refundable; membership renewal due in December)

Regular/Associate (\$30.00) Collaborator (\$25.00)
Honorary (\$100.00) Corporate (\$150.00)

Please write the names, addresses, and phone numbers of persons that may have an interest in joining our organization.

Please mail your membership dues to:

Sociedad de Puertorriqueños en Houston, Inc.
P.O. BOX 672202
Houston, TX 77267-2202