



2020 NEW MEMBER APPLICATION FORM
Council 39000 P.O. Box 340056 Dayton, Ohio 45432

I, _____(print name) hereby most respectfully apply for membership in LULAC,
and state that I have read, understand and subscribe to the mission of LULAC, the LULAC code and LULAC
Constitution this _____day of _____, 20 _____. Annual Dues are: \$25.00yr. Make check payable to
LULAC

Original Signature of Applicant

We, the undersigned members in good standing of the League of United Latin American Citizens, certify that we
personally are acquainted with the above applicant and, to the best of our knowledge and belief, this person is of
good moral character and worthy of membership in this body.

Council Member

Council Member

Applicant's Name

Home Address

City _____, **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Fax _____ (Please indicate if a dedicate fax line)

Email _____

LULAC Moto: All for one, one for all...

Committee Work: Choose your area of interest and come make a difference!

____ Education/Scholarships ____ Fundraising ____ P.R. Communications ____ Social Justice
____ Mexican Consulate ____ Women ____ Youth Development ____ Membership Drive ____ Social Activities