



**2020 New Young Adults Membership
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: \$15.00/yr. 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 _____ **Cell 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 ____ Social Activities