



"Celebrating Bringing the Community of Women Together"  
Organization established in 2005

## Join the Latina Women's League form

### Membership Application Form

Please print out this page and fill out this Membership Application Form and mail with your check to:

**Latina Women's League Corp.**

**Attn: Membership**

**P.O. Box 359079**

**Gainesville, FL 32635**

### Membership Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work/day) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Yes, you may publish my name as a member of the Latina Women's League.

I am unable to join the LWL at this time, but enclose a contribution of \$ \_\_\_\_\_

**Annual membership: \$40 (from January 1 to December 31).** Please make checks payable to:  
Latina Women's League Corp.

I am also interested in joining the following programs:

Education

Cultural

Health

Government

Migrant Farm worker project

Cuentos en Español

Film Festival Project

Club del Libro

Membership Committee

Fundraising Committee

Newsletter and Website design and development

English Classes Volunteer

Citizen Classes Volunteer

Grant writer

Others \_\_\_\_\_

What is your area of expertise? (ex. computers, accounting, writing) \_\_\_\_\_

SIGNATURE \_\_\_\_\_