



2107 North First Street  
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San Jose, California 95131  
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**MEMBERSHIP APPLICATION**

Last Name First Name Middle Initial

Title Department

Organization

Business Address

City State Zip Code

Business Phone Business Fax Email

Home Address

City State Zip Code

Home Phone Cell Phone Personal Email

Member Type – Please check one:

Individual Membership 2012 \$100 (Local Govt employee, Non-profit, Sponsor add'l)     Student Membership \$25

Local Government Membership (for 15 Individuals) \$1,500     Local Government Membership (7 Individuals) \$750

1. Current Position:

2. Years of Service in Current Position:

3. Total Years of Service:

4. Are you:      Appointed?                       Elected?

Please indicate committees of interest:     Fund Development & Legacy Council     Membership     Communications  
 Programs & Conference Planning     Public Policy

Enclosed is my check, payable in US dollars, to the International Hispanic Network

Please bill my credit card

Name on Card: Credit Card Number:

Type of Card: Expiration: Security Code:

Billing Address:

**Send to: International Hispanic Network  
c/o Management Partners, Inc.  
1730 Madison Road  
Cincinnati, OH 45206**