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MEMBERSHIP APPLICATION

Advancing excellence and inclusiveness in local governance

Last Name	
First Name	
Title	
Organization	
Department	
Work Address	
City	
State	
Zip	
Work Phone	
Work email	
Personal email	

Member Type

I'm interested in serving on a committee. (Please select one)

Enclosed is my check

Bill my credit card

Name on Card:	
Credit Card Number:	
Type of Card:	
Expiration:	
Security Code:	
Billing Address:	

**Mail to: Local Government Hispanic Network or Email to: info@lghn.org
 c/o Management Partners, Inc.
 1730 Madison Road
 Cincinnati, OH 45206**