



1730 Madison Road  
 Cincinnati, Ohio 45206  
 Phone: 408.392.0232  
 info@lghn.org  
 www.lghn.org

**LOCAL GOVERNMENT  
 MEMBERSHIP APPLICATION**

Advancing excellence and inclusiveness in local governance

Enter the information below for the organization requesting a **Local Government Membership** and the person we can contact if there are questions or if more information is needed.

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

Enclosed is our check

Bill our 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](mailto:info@lghn.org)  
 c/o Management Partners, Inc.  
 1730 Madison Road  
 Cincinnati, OH 45206**

See next page to enter names of staff to be included under this local government membership. If you are a large jurisdiction of more than 1,000 FTEs, you can designate up to 15 staff. If your jurisdiction has 1,000 or fewer FTEs, you can designate up to 7 staff.

Jurisdiction Name

Smaller jurisdictions, 1,000 or fewer FTEs - add up to 7 staff to be covered under the membership.

Larger jurisdictions, over 1,000 FTEs - add up to 15 staff to be covered under the membership.

	Last Name	First Name	Department	Address (if different from above)	City, State, Zip	Phone	Work Email
	The first person should be the billing contact for the organization. This person will receive renewal notifications.						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Please send this page along with the Page 1 application.