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MEMBERSHIP APPLICATION

Advancing excellence and inclusiveness in local governance

Last Name First Name Middle Initial

Title Department

Organization

Business Address

City State Zip Code

Business Phone Business Fax Business Email

Home Address

City State Zip Code

Home Phone Cell Phone Personal Email

Member Type – Please check one:

- Individual Membership \$100 (Local Government employee) Student Membership \$10
 Associate Membership \$50 (educational institution, non-profit association) Chapter Member _____

1. Current Position:

2. Years of Service in Current Position:

3. Total Years of Service:

4. Are you: Appointed? Elected? Officially retired per your jurisdiction's regulations?

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

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

Please bill my credit card

Name on Card: Credit Card Number:

Type of Card: Expiration: Security Code:

Billing Address:

**Mail to: Local Government Hispanic Network
c/o Management Partners, Inc.
1730 Madison Road
Cincinnati, OH 45206**

or Email to: info@lghn.org