

NEW MEMBER FORM		DAT	re in the second se
Name:	Last Name:	Cou	intry of Birth:
Home Address:			
Email:			
Phone Number:			
LW member(s) who recommended you for LW membership:			
MISSION			
To support and aid the educational pursuits of the NPS Hispanic American students and their families, as well as extending support and encouragement to University of Oklahoma Hispanic American students and international students from Latin America.			
Briefly explain why you agree with the mission of our organization:			
Professional and /or Voluntary activities:			
1			
2			
3			
4			
5			
LW meets generally on a monthly basis. Are you able to attend the meetings and willing to participate in activities that assist in the growth of LW and fulfill the mission of our organization?			
YES	NO		netimes
DUES			
\$45 annually paid in the month of Ja	anuary. Members are encou	araged to contribut	te with whatever amount they
wish to assist the activities and programs of the organization.			
PAYMENT OPTIONS:			AMOUNT PAID:
Check payable to Teresita Resasco o			
Sent to Teresita Resasco Venmo to Caridad Marchand	3004 Marigold trails, Norm (at) Maria-Marchand-2		