



SOY LATINO COMO TU

FAMILY MEMBERSHIP APPLICATION

Period of Membership: _____ Annual Membership US\$ 50.00 (donation)

I. Parent Information

Father's First and Last Name: _____ Phone _____

Address: _____ City _____ State _____ Zip Code _____

Nationality: _____ Email: _____

Mother's First and Last Name: _____ Phone _____

Address: _____ City _____ State _____ Zip Code _____

Nationality: _____ Email: _____

How many children live in the home? _____

II. Children Information

1. First and Last Name: _____ Email: _____

Nationality: _____ Date of Birth: _____ Phone: _____

Grade Level: _____ School: _____

2. First and Last Name: _____ Email: _____

Nationality: _____ Date of Birth: _____ Phone: _____

Grade Level: _____ School: _____

3. First and Last Name: _____ Email: _____

Nationality: _____ Date of Birth: _____ Phone: _____

Grade Level: _____ School: _____

4. First and Last Name: _____ Email: _____

Nationality: _____ Date of Birth: _____ Phone: _____

Grade Level: _____ School: _____

5. First and Last Name: _____ Email: _____

Nationality: _____ Date of Birth: _____ Phone: _____

Grade Level: _____ School: _____

6. First and Last Name: _____ Email: _____

Nationality: _____ Date of Birth: _____ Phone: _____

Grade Level: _____ School: _____