



2107 North First Street  
 Suite 470  
 San Jose, California 95131  
 Phone: 408.392.0232  
 Fax: 408.453.6191  
 www.ihnonline.org

**MEMBERSHIP APPLICATION**

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

**Membership is for the calendar year January 2016 – December 2016.**  
 Member Type – Please check one:  
 Individual Membership 2016 \$100 (Local Government employee)     Student Membership \$10  
 Associate Membership 2016 \$50 (educational institution, non-profit association)

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 International Hispanic Network  
 Please bill my credit card

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

**Send to: International Hispanic Network  
 c/o Management Partners, Inc.  
 1730 Madison Road  
 Cincinnati, OH 45206  
 Fax: 513-861-3480  
 membership@ihnonline.org**