



LTCC - MEMBERSHIP APPLICATION

Type/Tipo: Regular Allied Supporter

Name / Nombre _____

Organization / Organización _____

Address / Dirección: _____

Tel.1/Phone1 _____ Tel.2/Phone2 _____

Fax _____ E-mail 1 _____

E-mail 2 _____ Website: www. _____

Contact/Contacto _____ Title/Cargo _____

Category/Sector _____ Year Established /Fecha Establecido _____

I would like to participate in the following committees / *Me gustaría participar en los siguientes comités:*

Membership/Membresia Fundraising/Recaudación de fondos Community/Comunidad

Economic Development/Desarrollo Económico Events/Eventos Marketing/Mercadeo

Company or personal profile to publish / *Perfil de la empresa o persona para publicar*

Memberships / Membresias:

Regular:

- Individual, Non profit, 1-4 employees/empleados: \$ 170.00
- 5-9 Employees/empleados \$ 250.00
- 10-19 Employees/empleados \$ 350.00
- 20 o more employees/empleados \$ 570.00

Allied \$1,500.00

Supporter \$2,500.00

Please, Make checks payable to **LTCC**

Por favor, haga su cheque a **LTCC**

86-05 Northern Boulevard, Jackson Heights, NY 11372

P.O. Box 580247 – Flushing, NY 11358-0247

Tels. 718.505.3400 • 347.579.5536

info@latinotcc.org • www.latinotcc.org

Applicant Signature / *Firma del Apicante*

Date / *Fecha:*

LTCC - Authorized signature / *Rep. autorizado*

Date / *Fecha*