



REPUBLICAN NATIONAL HISPANIC ASSEMBLY OF GREATER LOS ANGELES

Membership Application Form Annual Membership \$50

State law requires we obtain the following information:

Full Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Occupation: _____ Employer: _____

The following information is optional:

Home Telephone: _____ Home Fax: _____

Work Telephone: _____ Work Fax: _____

Cell Phone: _____ Email: _____

I would like to support the voter outreach work and other network building programs of the RNHA LA at a higher level than basic membership. I am attaching my contribution of:

\$100 _____ \$250 _____ \$500 _____ \$1,000 _____ Other _____

The following information is requested to assist in determining representation at RNHA state and national levels:

Sex: _____ Male _____ Female Date of Birth: ____/____/____

Registered Republican? _____ Y _____ N US Congressional District #: _____

State Senate District #: _____ State Assembly District #: _____

Name and City of voter registration if different than above: _____

I would be interested in serving as an officer of RNHA LA in the future: _____ Y _____ N

Please mail this completed application along with your check payable to RNHA LA to:

**John Quintanilla, Chairman
RNHA—Greater Los Angeles
5004 Farago Avenue, #8
Temple City, CA 91780**