



**Republican National Hispanic Assembly of Greater Los Angeles
ID# 1281929 www.rnhala.org**

**Membership Application Form
Individual 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: _____ New member ____ Renewing member ____

Work Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

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

Silver \$100 ____ Bronze \$250 ____ Gold \$500 ____ Eagle \$1,000 ____

President's Circle \$5,000 ____ Other ____

The following information is needed to determine 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 like to serve on the Membership Recruitment Committee ____

Community Outreach Committee ____ Finance Committee ____

Membership is open to all United States citizens.

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

to:

RNHA—Greater Los Angeles

417 W Foothill #453

Glendora, CA 91741

Paid for by RNHALA—ID# 1281929