



MEMBERSHIP APPLICATION

Today's Date: _____

Name: _____ Preferred Name: _____

Employer _____ Telephone#: _____

Current Position: _____ Length of time in current job: _____

Company Address: _____

Email: _____

Personal

Home Address _____

Telephone#: _____ Cell#: _____ Email: _____

Are you a Hispanic female? Yes ___ No ___ If yes, please specify country of origin: _____

Birthday: _____ Status: Single ___ Married ___ Divorced ___

Educational background (include highest degree attained and schools attended): _____

Special interests (community involvement, hobbies, etc): _____

Reason for joining Madrin. Check all that apply:

Networking Coaching/mentoring Leadership/skills development Support

Best practices Career advancement Leveraging Latina Culture Speaking

Other: _____

Madrinas committees you are interested in. Check all that apply:

Sponsorship Membership Programs Administrative Public Relations

PLEASE COMPLETE AND SEND THIS APPLICATION TO:
Madrinas 1383 6th Avenue, #142, New York, NY 10019
A yearly membership fee of \$50, payable to Madrin. is due with your application