

NEW YORK LEAGUE OF PUERTO RICAN WOMEN, INC.

Not-for-Profit / Non-Partisan / Tax-Exempt Organization

DARA LUSTGARTEN, PRESIDENT

P. O. Box 60337

Brooklyn, New York 11206-0337

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www.nylprw.org

www.facebook.com/nylprwinc



MEMBERSHIP APPLICATION FORM

“Educate a woman, and you educate a family.”

Name (Print) _____
First _____ Maiden _____ Last _____

Address _____
(Please include apt. #) _____ City State _____ Zip Code _____

Home Telephone () _____ Work Telephone () _____

Cell # _____ Email Address _____

Employed By _____ Title _____
(Or School Attending) _____ (Or Grade/Year, e.g. Sophomore) _____

Work Address _____
(Include Dept., Room #, or Suite#)

Work Address _____
(Please Attach Your Business Card) _____ City _____ State _____ Zip Code _____

NOTE: Application for Membership is subject to the approval of the Executive Board.

MEMBERS (MEN & WOMEN – NEED NOT BE HISPANIC)	
Individual (Employed Full Time)	[] \$60.00
Employed Part Time, Unemployed, Retired or Full Time Student	[] \$30.00
Corporation or Group	[] \$500.00

Contribution: \$ _____ Total Enclosed: \$ _____
(NO AMOUNT IS TOO SMALL)

Please make check payable to: NY LEAGUE OF PUERTO RICAN WOMEN, INC.
& mail to: NY League of Puerto Rican Women, Inc.
P. O. Box 60337
Brooklyn, New York 11206-0337

Applicant's Signature _____ Date _____