



**Annual Membership Application**

**100 Hispanic Women, Inc.**

**WESTCHESTER CHAPTER**

**333 Mamaroneck Ave., PMB# 212  
White Plains, NY 10605**

**www.100HispanicWomenofWestchester.org**

**Would you be interested in volunteering to help plan or assist at our events?**

Yes\_\_\_ Maybe\_\_\_ No\_\_\_

**PLEASE PRINT**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Preferred E-mail Address:** \_\_\_\_\_

**Position/ Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP code:** \_\_\_\_\_

**Bus. Phone:** (\_\_\_\_) \_\_\_\_\_ **Bus. Fax:**(\_\_\_\_) \_\_\_\_\_

**Bus. E-mail Address:** \_\_\_\_\_

**Indicate how you would like to be contacted by Email: Personal/Home** \_\_\_ **OR Office** \_\_\_

**By Telephone: Home** \_\_\_ **Mobile** \_\_\_ **Office** \_\_\_ **Best Time of day to call:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Please make check or money order for annual dues payable to:**

***100 Hispanic Women, Inc. , Westchester Chapter***

**Select appropriate membership category:**

\_\_\_ **\$1,000 Corporate member**                      \_\_\_ **\$50 Full member**

\_\_\_ **\$25 Student member (With ID)**

**(check one)** This application is for ( ) **First-time Membership** ( ) **Renewal**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail application and check/ money order to:**

**100 Hispanic Women, Westchester Chapter**

**Attn: Membership**

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