

<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	<input type="checkbox"/> Exp.	CID#	<input type="checkbox"/> Check #
-------------------------------	--	-------------------------------	------	----------------------------------



## National Hispanic Professional Organization MEMBERSHIP APPLICATION

Please make check payable to NHPO-RGV and mail to:

**NHPO-RGV Chapter  
2721 South 10th Street  
McAllen, TX 78503**

**Mission Statement**

**The National Hispanic Professional Organization (NHPO-RGV)** is a professional organization promoting enterprise & education for members in partnership with our community.

**WHY JOIN NHPO?**

- **NHPO-RGV** is committed to empowering its members by creating a network of professionals.
- **NHPO-RGV** is made up of professionals from diverse careers.

**PERSONAL EMPLOYMENT INFORMATION**

First Name:*	MI:	Last Name:*
Employer:	Occupation:	
Office Address:		
City:	State:	Zip:
Office Phone:*	Cell:	
E-mail Address:		

**REFERRED BY**

Which NHPO-RGV member referred you to join? (If no one referred you, specify how you heard about NHPO.)

---

**MEMBERSHIP LEVELS**

I agree to pay a non-refundable membership fee of:

Individual - \$50   
  Non-Profit - \$125   
  Business - \$250   
  Corporate - \$1000

**Our Fiscal Year is from September 1st to August 31**

**DISCLAIMER**

By signing herein below you assume any risk, take full responsibility for, and waive any and all claims for personal injury and property loss or damage, including severe bodily injury, damage to personal property and death, relating to your participation in and/or attendance at any NHPO-RGV sponsored activity.

Signature:	Date:
------------	-------