

CASA DE VENEZUELA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Last Name:	
Phone Home:	Phone Cell:	E-Mail:	
Address:			
City:	State:	ZIP Code:	
County:	Household	Adults	Youth Children

PROFESSIONAL AFILIATION

Current employer (optional):	
Profession:	Education: High School Associate Bachelor Master/PHD

TYPE OF MEMBERSHIP (PLEASE MARK ONE)

Family Membership \$40 a year (up to 5 people per household)	=>	
Individual Membership \$30 a year	=>	
Student Membership \$15 a year	=>	
Corporate Membership \$100 a year (business owner, manager, etc)	=>	

MEMBERS OF THE FAMILY (FAMILY MEMBERSHIP)

1: Name & Last Name	Relationship:	Birth Date:
2: Name & Last Name	Relationship:	Birth Date:
3: Name & Last Name	Relationship:	Birth Date:
4: Name & Last Name	Relationship:	Birth Date:

CORPORATE MEMBERSHIP INFORMATION

Company or Business Name:			
Address:	City:	State	Zip Code:
Web Site:		Numbers of Employees:	

HOW DID YOU HEAR ABOUT CASA DE VENEZUELA

Friend or Family (Please add the name)	Web Site search:
TV/ Newspaper / Radio:	Attended an event or program: Other:

COMMENTS / SIGNATURE

Comments:

Questions please contact: Carolina Bittar - Secretary of Membership | CBittar@casadevenezuela.net | (610) 547-8402

Signature:	Date:
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**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:
CASA DE VENEZUELA, Inc
MAIL TO
PO BOX 42877
PHILADELPHIA, PA 19101**



FAVOR VER PLANILLA EN ESPAÑOL AL REVERSO - SOLO NECESITAS LLEGAR UN SOLO LADO