



# HAITIAN CONGRESS TO FORTIFY HAITI

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## MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City of Origin \_\_\_\_\_ Length of time in U.S. \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Talent/Skills/Resources \_\_\_\_\_

**Please circle an area(s) of interest (s):**

**Homeland: Community and Culture: Youth: Civic Engagement:**

**MAKE CHECKS PAYABLE TO "HAITIAN CONGRESS TO FORTIFY HAITI:  
(YEARLY MEMBERSHIP: PLEASE CIRCLE ONE)**

**Students: \$35    General Membership: \$100    Business/Organizations: \$200**

\*NON-MEMBERSHIP/DONATION: please circle one.

\$10      \$20      \$30      \$40      \$50      \$75      \$100      Other \$ \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

Please return this form with your payment (check, money order or cashier's check) to the address below. Thank You.

**Haitian Congress to Fortify Haiti**

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