

MEMBERSHIP ENROLLMENT

National Conference of Puerto Rican Women



Date _____

Name _____

Mailing Address _____

City _____ Zip code _____

Phone () _____

E-mail Address _____

Chapter you wish to join _____

Place of Birth _____

Ethnicity _____

What is your occupation? _____

Are you a student? If yes, what is your major?

What organizations do you participate in?

Age Range:

14-17 18-24

25-34 35-44

45-54 55-64

65 & over

When is your
birthday?

Thank you for becoming a member and welcome to the NACOPRW family.

Please make a check payable to NACOPRW. *Contributions are tax deductible.*

Membership Dues (Jan-Dec)

Full Member: \$30.00

Associate Member: \$20.00

(women other than Puerto Rican & men)

Student: \$15.00

Please mail Enrollment form and a check to:

1220 L St., NW, Suite 100-177,
Washington, DC 20005