

Latino Leadership Alliance of Bucks County

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Membership application # _____

First Name: _____

Last Name: _____

Company/Organization Name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip/Postal code: _____

Telephone #: _____

Cell #: _____

E-mail address: _____

Website: _____

Membership is free; however any donation will be appreciated.

Your financial support helps us provide our programs and services in the community

We are a 501C3 non profit agency.