



2019 Membership Application

Thank you for your interest in becoming a member of the Latino Providers Network (LPN). Please send by mail your completed membership application and annual dues (payable to Latino Providers Network, Inc.) to Latino Providers Network, Inc., 3121 Eastern Avenue, Baltimore, MD 21224.

Types of membership (please check one):

- Organization: \$300.00** (Membership paid with organization check, organization and staff information will be added to our membership list and website, up to (4) staff members can be added to the membership)
- Individual: \$125.00** (Individual paid membership with personal check, only individual contact information will be added to our membership list and website)
- Student Membership: \$25.00 plus 10 volunteer hours** (Individual paid membership with personal check, only individual contact information will be added to our membership list and website)

Name: _____ Title: _____

E-mail: _____ Phone #: _____

Address: _____

Organization: _____

Website: _____

If applying as an organization, please list the names of up to (4) guests that will be attending LPN meetings:

1) Name: _____ E-mail: _____

2) Name: _____ E-mail: _____

3) Name: _____ E-mail: _____

4) Name: _____ E-mail: _____

MEMBERSHIP BENEFITS:

- Free admission to LPN monthly resource meetings (including Lunch)
- Free admission to LPN community and networking events
- Discounted admission to special LPN conferences, trainings and community fairs
- Access to LPN website, opportunity to promote organization, programs, services & events
- Access to LPN e-mail membership list, weekly community updates & information sharing
- Access to LPN Facebook page, opportunity to promote organization services, programs and events
- Tax-deductible membership

GENERAL INFORMATION:

- Do you offer programs / services to the Latino community? Yes No
If yes, what types of programs / services?

- Are your programs / services available in Spanish? Yes No
- Any requirements to access your programs / services? Yes No
If yes, please describe:

- The mission of the LPN is to maximize resources in the Latino community through networking, advocacy, and education. Please tell us how you can support the LPN's mission.

- If you represent a for-profit organization, list any pro-bono or low-cost programs / services offered. Please include any eligibility requirements:

- Are you interested in volunteering with the LPN? Yes No
If so, please specify:

- How did you hear about the LPN? Check one:

Referral Website Friend Supervisor Colleague Meeting

Other, please specify: _____

THANK YOU FOR YOUR MEMBERSHIP!!!

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