



Association of Latino Professionals For America

California State University, Los Angeles

Membership Application

Semester: [] Fall [] Spring Year: 20____
[] New [] Renew: Member Since _____
Membership Type: [] Silver Member (\$40) [] Regular Member (\$50)
[] ALPFA Premium Member (\$65)

Contact Information

Name: _____
Last First M.I.
Address: _____
Street City State Zip Code
Phone: () - Cell: () -
Email: _____ Major: _____
Expected Graduation Date: _____ 2nd major (if any): _____

How did you first learn about ALPFA?

[] Officer: _____ Name [] Class Presentation
[] Member: _____ Name [] Tabling
[] Professor: _____ Name [] Other: _____

Please indicate what times are you available for ALPFA events, community service, and socials.

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From Time:							
To Time:							

Any other days and times: _____

Let us know more about your interests. Check all that apply.

[] All ALPFA Events [] Employment [] Social Events
[] Annual ALPFA Convention [] Fundraising Events [] Interviewing Skills
[] Becoming an ALPFA Officer [] Internships [] Review Resume
[] KPMG Case Competition [] Community Service [] VITA

Applicant Signature _____ Date _____

OFFICE USE ONLY

Method of Payment: [] Cash [] Check# _____
Membership type: [] Silver [] Regular [] Premium Member [] Late Fee [] Shirt Size: _____
Payment Plan: [] Full Payment Amount Paid: _____
Payment Plan: [] Partial Payment Amount Paid: _____ [] 2nd Payment due: _____
Officer Name (Please Print): _____ Receipt #: _____