



The League of Mexican American Women

Membership Application

Make checks payable to and mail to: League of Mexican American Women
P.O. Box 686
Fresno, CA 93712

Dues are: \$20.00 per year — \$35.00 for 2 years

I am enclosing \$_____ for membership for _____ year (s).

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Birth date ____ / ____ / XX

I would like to work on the following committees:

- Scholarship
- Conference
- Ways & Means (fundraising)
- Newsletter
- Fashion Show
- Golf Tournament
- Young League
- Special Projects
- Public Relations