



Membership Application / Solicitud de Asociación

Name/Nombre: _____ Date/fecha: _____

Address/: _____ Home Phone/Teléfono:() _____
Dirección _____

Cell Phone/celular: () _____

City, State, Zip _____, _____, _____
Cuidad/Estado/Código Postal

Email/Correo Electrónico: _____ @ _____

**Please check at least one committee that you would like to participate/
favor de marcar por lo menos un comite en la cual usted quisiera participar**

- | | |
|---|--|
| _____ Banquet Committee/Comité del Banquete | _____ Parade Committee/Comité del Desfile |
| _____ Publicity Committee/Comité de Publicidad | _____ Festival Committee/Comité del Festival |
| _____ Fundraising Committee/Comité para recaudar fondos | _____ Pageant Committee/Comité de Certámenes |

Membership Requirements/Requisitos para los Socios

- To promote the purpose and mission of the Puerto Rican Parade of Fairfield County
Promover el proposito y la misión del Desfile Puertorriqueño del condado de Fairfield
- Payment of membership dues of \$ 20.00 annually (Students with School ID \$ 10.00)
Pago de la cuota de Socio de \$ 20.00 anuales (Estudiantes con Cedula de Identidad)
- Required to participate in at least one committee/se requiere que participe por lo menos en un comité

Member's Signature/firma del Socio*: _____

Date/Fecha: _____

*My signature represents agreement to participate and be part of the Puerto Rican Parade of Fairfield County, (hereinafter noted as PRPFC) and to abide by the bi-laws provided to me at time of acceptance of membership. I hereby also agree that all information pertaining to the PRPFC and/or it's festivities received during such membership of the PRPFC will be submitted to the board of directors and members of such said organization for review. I also agree that anything done under the PRPFC must be given to the committee and it's members upon request to forward to others of future membership and participation of activities. Any penalties and/or expenses to the PRPFC due to retention of such documentation or information will be requested by the applying person. I also agree to the membership requirements listed on this application. I also understand that my application acceptance is pending a review of application and will be notified of such decision.

Puerto Rican Parade of Fairfield County

P.O. Box 447 Bridgeport, CT 06601-0447

www.Prparadefairfieldcounty.com