



The Haitian Alliance, Inc.

Mail applications to:
 P.O. Box 723725
 Atlanta, Georgia 31139-3725
info@thehaitianalliance.org
www.transformhaiti.org

Application for Membership

Personal Information

Full Name: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cellular Phone: ()

E-mail Address: _____

Birthplace: _____

Mother's Nationality: _____ Father's Nationality: _____

Type of Membership applied for and Annual Membership Dues (Circle One)

Individual: \$50.00 Corporate: \$200.00 Affiliate: \$100.00 Student: \$25.00

Committees of Interest – Talents and Expertise (Please check all that apply)

Fundraising:	<input type="checkbox"/>	Membership:	<input type="checkbox"/>	Taste of Haiti:	<input type="checkbox"/>	Gala for Giving:	<input type="checkbox"/>
Finance & Accounting:	<input type="checkbox"/>	Haiti Green:	<input type="checkbox"/>	Haiti Literate:	<input type="checkbox"/>	Economic Growth:	<input type="checkbox"/>
Community Development:	<input type="checkbox"/>	Atlanta Carnival:	<input type="checkbox"/>	Business Networking:	<input type="checkbox"/>	Public Relations:	<input type="checkbox"/>
Haitian Culture & Holidays:	<input type="checkbox"/>	Legal:	<input type="checkbox"/>	Media Relations:	<input type="checkbox"/>	Advertising:	<input type="checkbox"/>
Web & Social Networks:	<input type="checkbox"/>	Newsletter:	<input type="checkbox"/>	Annual Report:	<input type="checkbox"/>	Pan Caribbean Liaison:	<input type="checkbox"/>

Other (Please Specify): _____

This application for membership is subject to the approval of The Haitian Alliance, Inc. admission committee.

Membership Dues¹ Paid: \$ _____ Date: _____

Signature of Applicant: _____ Date: _____

Admission Committee Approval

Accepted: Rejected: Membership Card Issued: Date: _____

Signature of Membership Committee Members: _____

¹ Make checks payable to: The Haitian Alliance, Inc.

CONFIDENTIAL & PROPRIETARY.

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