

Haitian American Association Against Cancer, Inc.

225 NE 34th Street, Suite 208

Miami, FL 33137

Phone: 305-572-1825

Fax: 305-572-1827

APPLICATION FOR MEMBERSHIP

Please type or print clearly

Membership Levels and Annual Membership Dues. * Check one of the following:

- Corporate: \$250
- Small Business: \$150
- Organizational (not-for-profit): \$75
- Individual: \$50
- Student: \$20

Name: _____
Last Name First Name Middle

Date of Birth/Age: _____
Month/Day/Year

Occupation: _____

Name of Organization: _____

Home Address: _____

Office Address: _____

Telephone: (_____) _____ Pager: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

Please check which committee/activity you are interested in:

- Membership
- Program Development
- Public Relations/Marketing
- Workshops/Seminars
- Fundraising/Sponsorship
- Special Events
- Counseling/Support Group
- Outreach Activities

* Member benefits include membership directory, networking events, and a 15% discount for all events of the HAAAC

*Make checks payable to **Haitian American Association Against Cancer, Inc.***

Please Mail this form along with membership dues