



Hispanic Latino Alumni Council, Inc.
PO Box 6755, Elizabeth, NJ 07202

BOARD/COMMITTEE MEMBER APPLICATION
(PLEASE PRINT)

PERSONAL INFORMATION

Applicant's Name _____	Applicant's Last Name _____
Address _____	City _____
State _____	Zip Code _____
E-mail _____	Phone Number _____
Best method of contact _____	Best time to contact _____

EDUCATION (Most Recent)

Degree _____	Major _____
Graduation Year _____	Institution _____

PROFESSIONAL EXPERIENCE (Most Recent)

Company/Organization _____	Title/Position _____
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INTERESTS (may require 3-4 hours a month)

Please check one or more:

- **Standing Committees** (usually requires ongoing monthly involvement)
 - Membership Financial Planning Program Planning Public Relations
- **Ad Hoc Committees** (usually requires temporary/seasonal involvement)
 - Scholarships Society of Scholars Annual Anniversary Scholars Luncheon
 - Annual Dance Fundraiser Professional Seminars Annual BBQ Social Mixers
- **Other Interests:** _____

**The content of this form is confidential and will be used solely for
Communicating information regarding HLAC resources and activities.
Should you need more information please call 908-485-5901 during evening hours.**