LATINA LEADERSHIP NETWORK/SJECCD CHAPTER MEMBERSHIP FEE

Print Name: _____

Signature: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email address: _____

Primary Membership: Staff, Faculty and Administration ($25.00)
Secondary Membership: EVC & SJCC Students ($5.00)
Friends of LLN: Community Members ($10.00)

Please accept my check or payroll deduction in the amount of $_____ for membership to the Latina Leadership Network, San Jose/Evergreen Community College District Chapter (LLN SJECCD/CHAPTER) I understand that my dues cover the year _____ and that only primary and secondary members are eligible to vote. As a member of the LLN/SJECCD chapter, I also agree to abide by the chapter bylaws.

Please make payment payable to LLN SJECCD Chapter Foundation and indicate for
Registration or   Donation.
LLN Account #199500/339918

Mail registration form with payment to:
SJECC DISTRICT
Attn: Latina Leadership Network of California Community Colleges
LLN SJECCD Foundation #199500/339918
600 S. Bascom Ave. Suite T-101
San Jose, CA 95128

For information contact:

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