LITTLE HAITI OPTIMIST MEMBERSHIP APPLICATION

 Yes, I would be delighted to be a messay. Yes, I would be delighted to be a messay. make a monetary and/or in-kind con 	ember o	of Little Haiti Op	timist and also w	ould like to
Name				
First Name	First Name			
HOME ADDRESS				
Address:				
City:	State:		Zip Code:	
Home #:		Cell #:		
Office #:		Fax #:		
Email:				
BUSINESS ADDRESS				
Company Name:		Self-emp	oloyed?	
Address:				
City:	State:		Zip Code:	
Home #:		Cell #:		
Office #:				
Email:				
What type of service could you provide to	our yo	outh?		
Please check the skills or fields of exper Education/Tutoring [] Athletics/Coaching [] Fundraising [] Corporate Relations [] Sales [] Membership/Recruiting []	Youth Admin Marke Public Speci		Activities [g g []]]]
Individuals who have committed sexual offenses a their membership revoked. Please return via email to: nllouiss@yah 1835 NE Miami Gardens Drive #112, No	100.COI	n or mail it to:	Little Haiti Opti	
For internal use only: Date received: Membership start date: Membership expire date: Created: 4/1/10				sent: