



MEMBERSHIP APPLICATION

(Please Print)

Name: _____

Home Address: _____ City/St. Zip _____

Business Name: _____

Business Address: _____ City/St. Zip _____

Which is your preferred mailing address? Home Business Email

Business Phone _____ Home Phone _____

Fax Number _____ Pager / Cellular Number _____

Email Address _____

MEMBERSHIP REQUIREMENTS

1. No Dues.
2. At least 40 volunteer hours per year
3. If a volunteer accepts assignment to a specific organizational committee or function, volunteer must participate. It is the responsibility of volunteers to notify a Chairperson or a Board member of inability to perform designated task or function. The success of VAMOS depends on its volunteers!
4. Although VAMOS member meetings are voluntary, members are encouraged to attend all meetings.
5. Member will receive notices to all meetings and events.

Please check one or more of the committees on which you would like to serve

- | | |
|--|---|
| <input type="checkbox"/> - VAMOS Membership Recruitment | <input type="checkbox"/> - Mentoring |
| <input type="checkbox"/> - Fall/Winter fundraiser | <input type="checkbox"/> - Scholarship Committee |
| <input type="checkbox"/> - Golf Tournament (Spring fundraiser) | <input type="checkbox"/> - Advertising / Publicity /Marketing |

Signature _____ Date _____

Please return application to: VAMOS • P.O. Box 6882 • McAllen, Texas 78502 or fax to (956) 631-7866

Referred by: _____