

Membership Application

Name _____
Address _____
City _____
State _____ Zip _____
Email _____
Phone(s) _____
Occupation _____
Referred by _____
SIGNATURE _____
Date _____

"CIRCLE OF FRIENDS" DONATION

Please complete first 8 lines above...

\$ _____ Monthly OR \$ _____ One Time

**** ATTACH VOIDED CHECK

Start Date ____ / ____ / ____

SIGNATURE _____



TRIPS

FRIENDSHIP

FUNDRAISING



HOLA meets on the 1st Wednesday of each month. Quarterly dues are \$35. Guests are always welcome at our meetings and on our trips. Please join us as we help our neighbors in need and have a great time doing it!!!

HOLA



Helping Others
in
Latin America



www.holasertoma.org

(417) 766-4716