



The California Latino Caucus Institute's  
**MADRINAS PADRINOS LEADERSHIP PROGRAM**

LEADERSHIP DEVELOPMENT FOR CALIFORNIA

MEMBERSHIP REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to abide by all of the bylaws, codes and policies established by the California Latino Caucus Institute for the Madrinas Padrinos Leadership Program. As a paid member of the program, I will strive to become a leader by supporting ethical standards in my decision making, providing mentorship to our youth, engage in policy issues that affect the community, and giving back to those in need.

SIGN NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please make check out to: **CLCI Madrinas Padrinos** (CLCI 501c3 FEIN ID # 76-0708972) **Amount: \$40.00**

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OFFICE USE

Membership Date: \_\_\_\_\_ Collected By: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_