

National Network on Cuba

Membership Application

PLEASE PRINT OR TYPE

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Web home page _____

Public contact person(s) _____

Telephone number(s), if different _____ Fax _____

The above information will be added to the NNOC Directory which is available to all members. Please keep this in mind as you decide which address . phone numbers, etc. to give.

Date the Organization was formed _____

Purpose of the Organization _____

Primary projects _____

Number in Constituency (as measured by mailing list or other criteria) _____

Financial contact person: _____

Telephone _____ Fax _____

Email _____

(over)

Name of current NNOC member who is sponsoring your application:

NEW MEMBERSHIP STATEMENT

Our organization has read the points of unity and by-laws of the National Network on Cuba and agrees with its goals and objectives. We understand that we have the right to participate in the NNOC meetings and Task Forces. We will pay the NNOC dues of \$120 per year.

We are aware that the NNOC functions through the time and commitment of its member organizations and will participate in NNOC Task Forces and projects according to our capacity.

Signature of Representative

Date

Signature of Representative

Date

Please Print Name(s) of Representative(s):

1. _____ 2. _____

Other information or comments: _____

This application was discussed and accepted at the National Network on Cuba meeting held on

_____ in _____
Date City