



TEXAS TECH UNIVERSITY
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Latino/Hispanic Faculty and Staff Association™

Membership Form 2011-2012

Name/Title _____

Address _____

Department _____

Phone Office: _____

Cell: _____

Other: _____

Email: _____

Please check area(s) of Interest:

Membership/Recruitment Newsletter Bylaws Events

Presenter at Workshops/Seminars Website Marketing

Scholarship Committee

Other: Please specify: _____

Would you be willing to host a meeting at your department: yes no

If so, would you be able to sponsor/provide a luncheon? yes* no

*You would be eligible for up to 5 waived membership dues for members of your department for the next membership year.

Please make all checks payable to Latino/Hispanic Faculty and Staff Association.

Membership Dues: \$15.00

Amount Paid: _____

Paid With: _____

Balance: _____

Date Received: _____

Mail to:

Lori Ann Ortiz-Guerrero, Treasurer – LHFS
Executive Administrative Associate
Director of Athletics
MS 3021