



KANKAKEE COUNTY HISPANIC
PARTNERSHIP, INC.

***2017 Membership Form / Forma para ser socio/a:
Jan. – Dec. Membership annually***

Name of individual/nombre de la
persona: _____

Agency name/nombre de agencia:

Mailing address/dirección del correo:

Phone number/número de teléfono: _____
Fax: _____

Email address/dirección del correo electrónico:

Membership Levels: (please check one)

- ❖ _____ **Agency (\$50.)**
- ❖ _____ **Individual (\$25.)**
- ❖ _____ **Student (with proof ID) (\$15.)**

Please make all checks payable to: “Kankakee County Hispanic Partnership, Inc.”

Please return this form with payment to/
Favor de mandar esta forma con el pago a:
KCHP; PO Box 1271, Kankakee, IL 60901.

Questions/Preguntas: Call/Llame a Marcia at/al: (815) 523-9923
Check out our website! www.kchp.org
We are on Facebook too! www.facebook.com/kchp1/