



Haitian American Professional Coalition (HAPC) Membership Application

Membership Application- page 1

In order for application to be complete and considered, we will need the form filled out in its entirety. Please type your answers for legibility. If you have any questions, please do not hesitate to reach out to us via email at info@hapcoalition.org. Thank you!

Organization information

Name of Organization: _____

Type of Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Board Members of the Organization

President/Chairperson

Name: _____

Email: _____

Phone #: _____

Vice President/Vice Chairperson

Name: _____

Email: _____

Phone #: _____

Treasurer

Name: _____

Email: _____

Phone #: _____



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Secretary

Name: _____

Email: _____

Phone #: _____

Number of Active Members: _____

Contact Person Information

Contact Name: _____

Position in Organization: _____

Phone #: _____

Email: _____

Detailed Information about the Organization

(Please attach additional information as deemed appropriate)

Vision:

Mission Statement:

Organization Description:

Accomplishments:



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Type of Registration

Regular Members (\$250)

Affiliate Members (\$125)

Associate Members (\$75)

Honorary Members

Advisory Board Members

Student (\$25.00 Donation)

Please select Committee

Health

Legal

Fundraising & Public Relations

Education

Governmental Affairs

Socio-Economic Development

Payment Method

Check enclosed (Please make check to the order of Haitian American Professionals Coalition)

Credit Card

Card Number _____ Exp. Date _____ Security Code _____

Signature _____

For organizations that join us in 2019, we are waiving their first year dues. However, for 2020, invoice for dues will be sent out in October 2019, as the month of October is when we renew membership.

Mail Membership Dues to P.O. Box 693367, Miami, Florida 33269



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PHOTO CONSENT AND RELEASE FORM

I, _____, hereby irrevocably grant to the
(Print Name)

Haitian American Professionals Coalition, Inc. (HAPC) my full consent to use my name and the organization I represent with any pictures, photographs or likeness of me in any work/volunteer activities (including, without limitation, brochures, newsletter, articles or any other publications in any and all media including advertising, publicity and administration materials), and to exercise all of the rights granted hereunder without my further prior approval.

I hereby agree that I shall have no right (including, without limitation copyright) title or interest in works created by HAPC pursuant to this agreement. I hereby agree that I shall have no claim of any kind (including, without limitation, claims deriving from the right of publicity, right of privacy or libel) against HAPC or its successors, related entities, licensees or assignees, based on the exercise of any rights granted hereunder.

Print Name

Date

Signature

Position in the Organization

Name of Organization

THANK YOU FOR APPLYING TO JOIN HAPC!!!

Haitian American Professional Coalition (HAPC), a 501c(3) org.
P.O. Box 693367, Miami, Florida 33269 Phone: (786) 558-3271
E-mail : Info@HAPCoalition.org www.HAPCoalition.org