

MEMBERSHIP APPLICATION



PERSONAL INFORMATION

FULL NAME		DATE OF BIRTH
MAILING ADDRESS (number, street, suite, apt.)		
CITY	STATE	POSTAL CODE
EMAIL ADDRESS		HOME PHONE NUMBER
SPONSORING HPAT MEMBER		CELL PHONE NUMBER

EDUCATION INFORMATION

HIGHEST LEVEL OF EDUCATION	DEGREE (if applicable)
COLLEGE/UNIVERSITY	HIGH SCHOOL

PROFESSIONAL INFORMATION

OCCUPATION		
CURRENT EMPLOYER		EMPLOYEE SINCE (year)
BUSINESS ADDRESS (number, street, suite, apt.)		
CITY	STATE	POSTAL CODE
BUSINESS EMAIL ADDRESS		BUSINESS PHONE NUMBER

All Information will be Confidential, Securely Stored, and Disposed of Properly.

1. **STATEMENT OF INTEREST:** *Why would you like to join HPAT?*

2. **COMMUNITY ISSUES:** *What do you believe are the three most important issues facing the Hispanic community in Tyler?*

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REFERENCES

Every HPAT member is asked to provide a total of **THREE** character references that will be checked. Please notify your references that you have listed them. Please provide **ONE** professional reference, **ONE** community reference, and **ONE** personal reference of someone that you have known for at least 2 years (*please no family members, spouses, or significant others*).

1. Professional Reference

NAME	RELATIONSHIP
EMAIL ADDRESS	PHONE NUMBER

2. Community Reference

NAME	RELATIONSHIP
EMAIL ADDRESS	PHONE NUMBER

3. Personal Reference

NAME	RELATIONSHIP
EMAIL ADDRESS	PHONE NUMBER

VERIFICATION

I, _____, hereby attest that all information is accurate and true and understand that supplying incomplete or inaccurate information may result in my denial and/or removal from HPAT.

I also agree to inform the HPAT Secretary or Officers if any of the information on this document changes

SIGNATURE	DATE
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HPAT CONDUCT STANDARDS

General Conduct: As representatives of the Hispanic Professionals Association of Tyler we must hold ourselves to the highest standard. Showing professionalism and respect for our community and acting at all times as if representing the entire organization is important to maintain respect for ourselves, our work, our programs, and HPAT as a whole.

I, _____, hereby agree to abide by all of the above statements.

SIGNATURE	DATE
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