

**2020 Youth LULAC COUNCIL MEMBERSHIP ROSTER**

Council Number \_\_\_\_\_

Sponsor Name \_\_\_\_\_

| Name (indicate council office and Mr., Ms., Mrs., etc.) | Home Address | City/State | Zip | Home Telephone | Work Telephone | Fax | Email | Mem* Since | National       |             |
|---|--------------|------------|-----|----------------|----------------|-----|-------|------------|----------------|-------------|
|   |              |            |     |                |                |     |       |            | Initiat Fee ** | Annual Dues |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |
|   |              |            |     |                |                |     |       |            |                |             |

**Note:** Type or print all information for each member. Home address for each member with city, state and zip code are required. Identify the Officers: P-President, VP-Vice President, etc. Annual National Dues are \$4.80 per member. \*\* All new members or those not in good standing for the previous year pay a \$1.00 initiation fee or pay back dues for the previous year. State and District Dues are paid to the State and/or District Directors. All charter/membership dues and the current roster are due on January 1 and must be received in the LULAC National Office by February 28th.

Enter the year the member joined LULAC in the “Member Since” column. **Make as many copies as are necessary to list all council members.**

|                  |  |
|------------------|--|
| <b>Subtotal</b>  |  |
| Annual Charter   |  |
| <b>Total Due</b> |  |

