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SAN DIEGO COUNTY LATINO ASSOCIATION

"Helping County Employees To Succeed"

MEMBERSHIP APPLICATION

Name: _____

Class/Title and Department: _____

County Worksite Facility: _____

Mail Stop: _____

Phone: _____ Email: _____

Areas of Interest (Check all that apply)

Scholarships

Workshops/Education

Cultural Events

Fundraising

Social Networking

Community Activities

How did you hear about SDCLA? _____

Name of person who referred you (optional): _____

Select Membership* Category:

New Member

New Associate Member (Non-County Employee)

Renewal (Member)

Renewal (Associate)

*Membership is OPEN TO ALL county employees and members of the public who subscribe to the purpose and objectives of the San Diego County Latino Association.

Annual Membership Dues: \$10.00**

** Dues cover 12 months from date of application. Please make check payable to: SDCLA.

Send Application with Dues via interoffice to Oliver Camacho / SDCDA at mail stop C-275 or mail to the address below.

Signature: _____

Date: _____

Our Mission: To be a dynamic resource that promotes professional excellence, leadership, and cultural awareness, while serving as a strategic partner for community achievement and the County's success.

MAILING ADDRESS: Oliver Camacho 330 W. BROADWAY, SUITE 750
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