



**MANA Local Chapter**  
**Application Form**

Proposed Name (Must include MANA):

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Proposed Jurisdiction:

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Founders:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signed and dated by organizing member:

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Signature

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Dated

*1725 K St, NW, Suite 501~ Washington, DC 20006*

*Phone (202) 833-0060 ~ Fax (202) 496-0588*

*Founded by Mexican American Women in 1974*



**MANA Local Chapter**  
**Member Registration Summary Form**

Name:

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Home Address:

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Work Address:

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Home Phone:

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Work Phone:

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Fax:

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Email:

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Preferred mailing address:

Home                       Work

Membership fee:

Regular- \$35.00                       Senior- \$15.00                       Student- \$15.00

**One registration per member**

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