

LEAGUE OF UNITED LATIN AMERICAN CITIZENS

2024 RE-CHARTER APPLICATION

CONTACT INFORMATION FORM

Council Number	Distr	ict
Name of Council		
EIN Number		
Is this a Young Adult Council? (See LULAC Constitution, pg. 22	Yes No	
Complete all the required information for the <u>principal point of contact</u> . All correspondence will be sent to this address.		
Name		
Council Office (President, VP, etc.	.)	
Home Phone		
Cellular Phone		
Address		
City	State	Zip