



INSTITUTE OF HISPANIC CULTURE OF HOUSTON (IHCH)

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MEMBERSHIP APPLICATION 2018: CONTACT INFORMATION

Name _____ Country of Orig. _____

Name of Spouse _____ Country of Origin _____

Residence Address _____

City: _____ State: _____ Zip: _____

Cel: _____ Home Ph. _____

Work Ph. (optional): _____ E-mail _____

MEMBERSHIP LEVEL: Membership Category/Annual Dues/Benefits valid for 1 year. Must show current card. Note: *does not include Gala tickets.

() **Student** \$15 for one (1) student*

() **Individual.** \$50 for one (1) person*

() **Family** \$100 for two (2) adults and two (2) children*

() **Patron** \$150* (your name/logo in one IHCH cultural event of your choice on site)

() **Sponsor** \$500* (your name/logo in IHCH cultural events on site)

() **Benefactor** \$2,000 (2 Gala Tickets; One scholarship given in your name, name/logo on all IHCH activities on site)

() **Underwriter** \$5,000 (4 Gala tickets; Two scholarships given in your name, name/logo on all IHCH activities)

I am paying my dues: By **check** () (payable to Institute of Hispanic Culture, sent to address above), by **Pay Pall** () (on the IHCH Web), or by () **Credit Card** () Master Card , () Visa , () American Exp. Include following information:

Name on the Credit Card: _____ Code: _____

Credit Card Number: _____ Exp. Date: _____

Your signature _____

Please consider participating in the 2018 volunteer activities: Choose two (2) Committees maximum:

() **Scholarship Committee** () **Membership Committee** () **Nominating Committee**

() **Cultural Committee** () **Public Relations** () **Building and Upkeep Committee**

() **Folkloric Festival** () **Gala Committee** () **Performing Arts**

() **Finance Council** () **Social/ Special Activities** () **Community Service**