

**Los Barrios de Amarillo
Membership Registration Form**



Name: _____

Spouse's Name: _____

Home Address: _____

Home Phone Number: _____

Place of Employment: _____

Occupation: _____

Business Address: _____

Business Phone Number: _____

E-Mail address: _____

Date of Membership: _____ Birthday: _____

Membership Type _____ General \$20 _____ Student/Senior Citizen (55+) \$10

Check payable to Los Barrios de Amarillo

Mail payment to:

Los Barrios de Amarillo, c/o WCC, 1615 South Roberts, Amarillo, Texas 79103

www.losbarriosdeamarillo.org

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