



OLA MEMBERSHIP FORM	
MEMBER INFORMATION	
Name:	
Campus: Foothill College	Department:
Email address:	
Work phone:	
Academic year: 2019-2020	
MEMBERSHIP PRIVILEGES DESIRED	
<input checked="" type="checkbox"/> Active Membership/New	<input type="checkbox"/> Idle membership
<p>By checking this box, I agree to activate my OLA membership for the 2019- 2020 academic year. As an active member I will have the opportunity to participate on a volunteer basis in event or other planning committees and exercise voting privileges.</p> <p>Dues: \$20.00</p>	<p>By checking this box, I choose to set my OLA membership on idle for the 20__ - 20__ academic year due to work or other circumstances. As an idle member I will continue to receive network information. At any point in the academic year I may reactivate my membership.</p>
COMMITTEE PREFERENCES	
<input type="checkbox"/> Advisor to student clubs	<input type="checkbox"/> <i>Reconocimiento</i> Ceremony
<input type="checkbox"/> Latino Heritage Month	<input type="checkbox"/> Special Events
<input type="checkbox"/> Latino Heritage Room	<input type="checkbox"/> OLA website
<input type="checkbox"/> OLA Scholarship	<input type="checkbox"/> Other:
<input type="checkbox"/> OLA newsletter	<input type="checkbox"/> Other:
SIGNATURE	
Signature of applicant:	Date: