



Latino Outreach of Tehama County, Inc.  
 P.O. Box 395, Red Bluff, CA 96080

[LatinoOutreachmedia@gmail.com](mailto:LatinoOutreachmedia@gmail.com)  
[www.LatinoOutreachOfTehamaCounty.org](http://www.LatinoOutreachOfTehamaCounty.org)

Facebook: @LatinoOutreachTC

### Membership Opportunities

Latino Outreach of Tehama County is asking for your participation. Our goal is to impact change promoting better health, education, and career opportunities for the Latino, and other diverse cultures, by connecting them with the services from multiple organizations and agencies. With your help, we can achieve that.

	<b>General Membership (Individual Member)</b>	<b>Organization Member (Representative)</b>	<b>Board Membership (Board Member)</b>	<b>Volunteers</b>
<b>Annual Fee</b>	\$100 *	\$150.00	Waived	Waived
<b>Can attend up to 6 General Meetings per year (optional)</b>	Yes	Yes	Yes	Yes
<b>Attend Board Meetings</b>	No	No	Must attend a min . of 3 of 4 annual Board Member Meetings	No
<b>Outreach &amp; Advertising</b>	4 Facebook event postings per year	6 Facebook event postings per year	Unlimited posting of community events	LOTC events only
<b>Free Vendor Booth at Events</b>	No	Yes	Yes	No
<b>Vendor Booth Fee per event</b>	\$25.00	N/A	N/A	No
<b>Committee Event Planning &amp; Participation</b>	Yes	Yes	Yes	Yes

- \*Please contact us if you would like to serve as an intern or provide volunteer service hours in lieu of a general membership fee.
- Annual membership is from: 7/1/2022 thru 6/30/2023. However, prorated fees for General Membership are available if joining after 9/30/2022.
- For questions regarding membership please email [LatinoOutreachmedia@gmail.com](mailto:LatinoOutreachmedia@gmail.com)

Mail completed form and check to: Latino Outreach of Tehama County  
 PO Box 395, Red Bluff, CA 96080  
 EIN: 80-0032597, 501 © (3) non-profit corporation

Please accept my membership for 7/1/2022 thru 6/30/2023 as:

General Member  Organization Member  Board Member  Volunteer

Organization Name (if applicable): \_\_\_\_\_

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

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

Authorized

Representative : \_\_\_\_\_ Signature: \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_