Porto Charities, Inc.
Application for Membership

Last Name ..... **First Name** .....

Residence address .....City ..... State..... Zip .....

E-mail address ..... Home Telephone ..... Cell Phone .....

Employment/profession .....

Business address ..... City ..... State..... Zip .....

Business phone .....

Type of Membership: ☐ Single ☐ Family

Members of Applicant's Immediate Family

Full name	Relationship	Age	Address and email (if different)	Special Needs?

I/we hereby request admission to membership of Porto Charities Inc. I/We understand that I/We must be sponsored for membership by a current member in good standing of Porto Charities Inc. If admitted to membership in the Porto Charities Inc., I/we hereby agree to obey all of the bylaws of Porto Charities Inc. and any other rules or regulations enacted and implemented by the Board of Directors of Porto Charities Inc.

Applicant's Signature ..... Date .....

Applicant's Signature ..... Date .....

Name of Sponsoring Porto Charities Inc. member .....

Signature of Sponsor..... Date .....

Forward this application with your check for ☐ $93.00 Individual or ☐ $143.00 Family membership payable to Porto Charities Inc.

The Board of Directors of Porto Charities Inc. reserves the right to:

- Disapprove an application for membership
- Assess annual dues for membership.
- Cancel a membership.
- Conduct a criminal history background check for any applicant for membership.

Mail application and payment to:

Leo Alonso, President, Porto Charities, Inc., Post Office Box 7266, Arlington, VA 22207

Treasurer's Administrative Action

COMPLETE FOR PORTO CHARITIES, INC. RECORDS

Date Approved..... Membership number…….....

Certified by:.....Treasurer of the Board of Directors…….....