

# Puerto Rican Committee Of Lancaster

150-152 S. Prince St. Lancaster, PA 17603



Phone: 717-397-8597 Fax: 717-397-7090

## Puerto Rican Cultural Center

[Valentinlanc@aol.com](mailto:Valentinlanc@aol.com)

[www.prclancasterpa.org](http://www.prclancasterpa.org)

### SOCIAL CLUB MEMBERSHIP APPLICATION

#### Mission Statement:

To provide a decent and respectful social environment for the community members interested in promoting traditional family values, cultural identity and pride, while providing a positive example to the youth of our community.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Spouse's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

\*Dependant Names: Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

\*(Note: Dependants are members' children under the age of 18)

**Club Membership Fees**

(Club membership fees are current for 12 months from the time of joining.)

Single Membership application/initiation fee: \$25.00      &      Annual dues: \$50.00

OR

Family Membership application/initiation fee: \$50.00      &      Annual dues: \$75.00

Total Amount Due \$ \_\_\_\_\_

(Note: Acceptable forms of payment include cash, money order, or credit card.)

**VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER:**

Name as it appears on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Last 3 digits located on reverse side of credit card: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**CHECKS OR MONEY ORDER:**

Made payable to: Puerto Rican Cultural Center.

**\*\*ALL MEMBERS HAVE EQUAL RIGHTS, PRIVILEGES, AND OBLIGATIONS.\*\***

## Volunteerism

I/we understand that as a member, I/we may be called upon from time to time to volunteer for club sanctioned events. By signing this application, I agree to abide by the policies of the Puerto Rican Cultural Center.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Please indicate what areas you or your spouse would like to volunteer in (should the need arise):  
(List in order of preference 1-5 with 1 being the 1st choice and 5 being the last choice.)

\_\_\_\_\_ Bartending

\_\_\_\_\_ Waiting tables

\_\_\_\_\_ Kitchen Help

\_\_\_\_\_ Security

\_\_\_\_\_ Child care

\_\_\_\_\_ Maintenance

The Puerto Rican Cultural Center develops and produces a wide range of activities and would welcome your active involvement in the following sub-committees I/my spouse are interested in receiving more information about the following sub-committee's:

(List in order of preference 1-7 with 1 being the 1st choice and 7 being the last choice.)

\_\_\_\_\_ Festivals

\_\_\_\_\_ Parade Pageant

\_\_\_\_\_ Event Decoration

\_\_\_\_\_ Cultural

\_\_\_\_\_ Veterans

\_\_\_\_\_ Entertainment

\_\_\_\_\_ Scholarship Fund

**Note to Adult Members:** The Puerto Rican Cultural Center will not be responsible for any injuries incurred on the premises. We are not responsible for any loss of property. This will include everyone listed on this membership form.

**Special Note to Parents:** If my child is in need of emergency care, you have my permission to seek appropriate medical treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Volunteer Reference Checklist

Applicant Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

I give permission for the Puerto Rican Cultural Center to contact the below references.

Applicant signature: \_\_\_\_\_

Spouse signature: \_\_\_\_\_

**Personal or professional references are requested. Please complete reference name, address, and a contact number only.**

### *Reference #1*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Cell \_\_\_\_\_

### *Reference #2*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Cell \_\_\_\_\_

*Send completed application and payment to:  
Puerto Rican Cultural Center, 150-152 South Prince Street, Lancaster, PA 17602  
Fax (credit card payments only): 717-397-7090*

**Verification**

I hereby submit my completed membership application to the Puerto Rican Cultural Center Social club and if accepted for membership, do hereby agree to abide by house rules and by-laws.

I did read the rules and I understand them.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date

*QUESTIONS? CONTACT MODESTO RODRIGUEZ AT 717-397-8597.*

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**Committee use only**

Date Rec'd: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Membership #: \_\_\_\_\_

Membership #: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Staff Title

\_\_\_\_\_  
Approval Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_