



Today's Date:

\_\_\_\_\_

## Corporate Application

The Agricultural and Labor Program, Inc.  
P.O. Box 3126 • Winter Haven, FL 33885 • [www.alpi.org](http://www.alpi.org)

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Mailing Address \_\_\_\_\_  
(Street No./P.O. Box)

\_\_\_\_\_  
(City, County, State, Zip Code)

Home # ( ) \_\_\_\_\_ - \_\_\_\_\_ Business # ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Race:  Black  White  Hispanic  Other Marital Status:  Married  Unmarried (single, divorced, widowed)

Household Size \_\_\_\_ Yrs. of Education \_\_\_\_ Occupation \_\_\_\_\_ Yrs. on Job \_\_\_\_ Yrs. in Profession \_\_\_\_

Registered Voter:  Yes  No Able to attend nights/weekends meetings:  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Annual Recruitment is conducted May through September. All membership cards will be mailed in the month of October. Membership Applications received after May will be mailed in October of the following year.***

**I certify that this application has been reviewed by the Regional Advisory Membership Committee.**

Regional Advisory Chairperson \_\_\_\_\_ Date \_\_\_\_\_

### (Official Use Only)

The Agricultural and Labor Program, Inc.

Regional Applicant resides in  Central  Eastern  Northern  Southern

We certify that this application has been reviewed by the Board Membership Committee

Chairperson \_\_\_\_\_ Vice Chairperson \_\_\_\_\_

I.D. Number \_\_\_\_\_ Date Approved \_\_\_\_\_