



The **Whatcom Latino Business Association (WLBA)** is a nonprofit association *committed to building better and stronger communities by strengthening the Latino business community and building a bridge with community businesses who desire to reach out to, work with, and provide services for those of Latino heritage.*

Our goals for the **WLBA** include:

- ❖ Facilitating communication between Latino owned business and their local communities, corporations and political leaders.
- ❖ Providing Latino entrepreneurs and community leaders with information about and access to workshops, seminars and programs developed for small business and non-profit organizations.
- ❖ Training, educating and mentoring Latinos for leadership positions with corporations, small business and their communities.
- ❖ Forming a network of Latino businesses to pursue group health insurance for members and their employees, for group purchasing and marketing opportunities, and discounting between members.

We encourage you to become a member of the **WLBA**. Your participation will make the **WLBA** stronger and will bring benefits to your business or organization such as: **networking** with Latino business/community leaders; gaining **qualified leads** for your business; and **honing your business skills** through workshops in marketing, training, computer skills and leadership development. Join with us as we work to achieve these goals and

“Build for tomorrow . . .today”

Whatcom Latino Business Association – membership application

1. Please, fill out the application below.
2. Mail this application along with your membership dues payable to the **WLBA**, to the address listed below

Individual: Single Membership (SM) - \$40.00

***You will be contacted regarding general meeting dates/times and locations**

Name: _____ **Referred by:** _____

Address: _____ **County:** _____

City/State/Zip: _____

Occupation: _____ **Business:** _____

Home Telephone: _____ **Business Telephone:** _____

Fax: _____ **Cell #** _____ **Email:** _____

Signature: _____ **Date:** _____

Membership subject to approval by the WLBA board