

National Network on Cuba  
Membership Application

Name of organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Main activity of organization \_\_\_\_\_

Contact person of organization \_\_\_\_\_

Why do you want to join the NNOC? \_\_\_\_\_

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Name of current member of NNOC who is sponsoring you:

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Are you willing to respect the points of unity and by-laws of the NNOC? \_\_\_\_\_

Other information or comments: \_\_\_\_\_

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