



Lao Hmong American Coalition Inc.
1420 Shaw Ave. Suite 102#192, Clovis, CA 93611
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Membership Application

Member

Last Name: _____ First Name: _____

Date of Birth: Month _____ Day _____ Year _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐ Single

Spouse

Last Name: _____ First Name: _____

Date of Birth: Month _____ Day _____ Year _____

Member Information

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Please check one: ☐ New Member ☐ Current Member If Current, enter member ID# _____

Occupation: _____

Current Student: ☐ No ☐ Yes College _____

Military Status: ☐ Current ☐ Veteran ☐ Not Applicable

Lao-Hmong SGU Service

☐ Lao-Hmong SGU ☐ Far ☐ Air Force/T-28 Pilot ☐ FAC ☐ FAG ☐ Sky/Liaison/Special Operation

☐ Police ☐ FFA75/Chaofa ☐ Administrator ☐ USAID ☐ Medic/Nurse ☐ Teacher ☐ Farmer

Other (specify): _____ Rank: _____ Year Start: _____ Year End: _____

United States Service

☐ US Army ☐ USAF ☐ USMC ☐ USN ☐ USCG ☐ US Special Forces ☐ The Ravens ☐ FAC

☐ FAG ☐ Case Officer ☐ USAID ☐ Air America

5-Year Membership Type (please select one)

☐ Family* (4) (\$100.00) ☐ Individual (\$50) ☐ Student (\$10) ☐ Senior over 65 (no fee)

☐ Old Lifetime Membership (no fee)

In good faith, I support the mission and goals of the Lao Hmong American Coalition (LHAC). I hereby submit this membership application along with a photo to LHAC for my membership ID card.

Signature: _____
(Type or Print to Sign)

Date: _____