MONTCLAIR
STATE UNIVERSITY

# Latinx/a/o Caucus Membership Form

**(Please note that membership dues are $25 per academic year.)**

Name: _____

Position: _____

Department: _____

Office Extension: _____

Cell Number: _____

Method of payment (Check/Money Order):_____

Touchnet Link (pay online)

**Additional contribution toward the Student Book Scholarship? (optional) _____**

Total Amount Paid: _____

Member Signature: _____ Date_____

Treasurer Signature: _____ Date_____

Note: Make check/money order payable to "**Montclair State University**" and indicate "Latino Caucus" in the memo section (This is how the Caucus is currently noted in the Accounts Payable system.)

**Mail payment to:**

Jessica Montesdeoca
Montclair State University
Office of the Provost/VPAA
Cole Hall Room 248
Montclair, NJ 07043