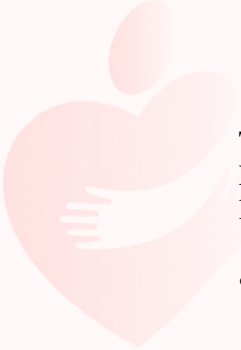


Corporate Membership



The tri-level Corporate Membership structure of The Agricultural and Labor Program, Inc. was adopted by the Board of Directors in September 1992. The levels of Corporate Membership are divided into the following classes:

- **CORPORATE MEMBERS** - *Advisory Council Members, Head Start Policy Council Members, and At-large Members. All Members in this class have voting rights pertaining to all applicable ALPI Corporation and Head Start matters.*
- **ASSOCIATE MEMBERS** - *All clients, volunteers, and other interested parties. All members in this class have voting rights pertaining to all ALPI Annual Corporate Meeting matters.*
- **EMPLOYEES** - *All ALPI current employees. All members in this class do not have voting rights pertaining to any ALPI Corporation matters.*

All persons interested in becoming a member of the ALPI Corporation must complete a Corporate Membership Application and must have a valid Corporate Membership Card in order to be eligible to vote and to be eligible to serve on the ALPI Advisory Council or the ALPI Board of Directors.

The ALPI Membership Committee conducts an Annual Membership Drive during the fall of each year. Membership applications, however, will be accepted throughout the year.

Please call The ALPI Central Office (1-800-330-3491) for additional information.

Corporate Application

The Agricultural and Labor Program, Inc.
P.O. Box 3126
Winter Haven, FL 33885

Name _____
(Last) (First) (Middle Initial)

Mailing Address _____
(Street No./P.O. Box)

(City, County, State, Zip Code)

Home # () _____ - _____ Business # () _____ - _____

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 January through August. All membership cards will be mailed in the month of September.
Membership Applications received after August will be mailed in September 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 _____