



HAITIAN HOPE ORGANIZATION, INC

“We have a lot to say, not enough time to participate. Get involved your country needs you” Changlais Jean

MEMBERSHIP FORM

First Name: _____ Last Name: _____

Address: _____ : State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Are you an Haitian descent? Yes _ or No_. Where were you born? _____

Where you born in Haiti? Yes _ or No_. if Yes Where in Haiti _____

How long have you been in the United Stated? _____

When was the last time you travel to Haiti? _____

Do you feel comfortable about going to Haiti? Yes__ or No__. if no Select all that apply

- Because of insecurity
- Because I just don't want to go
- Because I left the country for so long
- Other Please state your reason _____
- Do you believe Haiti can be rebuild without international help? Yes ___ or No ___.

Education or Skill training

- High School
- College/University
- Other

How can you help Haitian Hope Organization to accomplish its mission? COMMENTS

For a donation of \$ 15.00 or more will receive your membership card. [DONATE HERE](#)

MAIL YOUR MEMBERSHIP TO: P. O . BOX 343129, FLORIDA CITY, FL 33034