

PUERTO RICANS ORGANIZED OVERSEAS IN FLORIDA INC.

A:

On behalf of the Board of Directors 2021-2022 of Puerto Ricans Organized Overseas in Florida Inc. [P.R.O.O.F.] we want to invite you to join our family.

Our organization was created in 1990 by a group of Puerto Ricans who saw the need to have an organization that would commit to preserve and promote Puerto Rico's values, interests, traditions and business relations. Today we can proudly say that we have been maintaining our commitment for thirty years.

Through a wide variety of civic, cultural, educational, recreational, and business activities we have maintained contact with the Puerto Rican community in Florida. Their participation in the events helps us increase the funds for the award of scholarships to Puerto Rican students (or second-generation descendants) who graduate from high school.

Your sponsorship as partners supports us to continue our goals and be a leader in the Puerto Rican community, strengthening our ties and supporting individual and business growth.

We are pleased with your interest in our organization, and we invite you to become a member for the benefit of the Puerto Rican community.

Cordially

Manuel Mejía, President

"... proudly giving PROOF of Puerto Rican heritage..."



PUERTO RICANS ORGANIZED OVERSEAS IN FLORIDA INC.

Annual Fee: _____Additional Donation\$____ Credit card fee payment call: 787-593-8444 Check to: P.O. Box 566193 South Dixie Hwy, Pinecrest, FL 33256-9998

Number:	
Company:	
Type of Business	Number of Employees
Address:	
City:	Zip Code:
Phones: Business:	Cell Phone:
Email/Email:	
Additional Executive:	Contact:
Additional Executive:	Contact:
Other Organizations to Which It	Belongs:
In which committee would you like	te to be include:
Small business/Entrepreneur	Women Network Finance
Real EstateDistributionMe	embership Scholarship Activities
Referral partner:	Contact
Phone Email/I	Email:
I attest that everything above is correct. I und	ertake to comply with all admission requirements and to observe the statutes and other regulations of P.R.O.O.F.
Application Date:	Signature:
Name of the Member who recom	nends vou: