



## Observer Request / Endorsement Form

**Date:**

**Organization:**

**Business / main activity:**

**Name of Representative:**

**Position:**

**E mail:**

**Name of 2nd Representative:**

**Position:**

**E mail:**

**Name of 3rd Representative:**

**Position:**

**E mail:**

**Phone #:**

**Fax:**

**Address:**

**Website:**

- I. Please provide a brief description of your organization's interests in being an Observer of LACTLD.
- II. How do you believe that you may contribute to LACTLD's objectives?
- III. What are the compromises and benefits that justify your organization's admittance as a LACTLD observer?
- IV. Do you have professional or organizational ties with any of the member organizations (both full member and affiliates) of LACTLD? If you have any, please provide a description.

I declare to have read and accepted LACTLD's Bylaws and the criteria of participation for observers.

**Signature:**

**Note:** Please add to this form any other documentation that you consider relevant to back up the information.

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**Revised by:**

**Authorized by:**