



## Membership Application

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street  
City/State Zip Code

Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Employer or Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street  
City/State Zip Code

Indicate Preferred mailing address \_\_\_\_\_

Email address \_\_\_\_\_

Please tell us about yourself:

**(You may attach a resume or biographical vitae to answer questions 1-3)**

1) College/Universities attended \_\_\_\_\_  
\_\_\_\_\_

2) Awards / Honors / Special Achievements \_\_\_\_\_  
\_\_\_\_\_

3) Other Professional or Civic Memberships \_\_\_\_\_  
\_\_\_\_\_

4) List any Non-Profit or Volunteer activities that you are involved in  
\_\_\_\_\_

5) How did you hear about NCBW? \_\_\_\_\_

6) What programs or projects are you aware of that NCBW is involved with (locally or nationally)? \_\_\_\_\_

\_\_\_\_\_

7) Why do you desire to become a member of NCBW? \_\_\_\_\_

\_\_\_\_\_

8) How much time can you commit to the organization?

\_\_\_\_\_

9) What unique characteristics or resources do you feel you will bring to NCBW? \_\_\_\_\_

\_\_\_\_\_

10) What special project or area of interest would you like to see NCBW become involved in? \_\_\_\_\_

\_\_\_\_\_

11) On which NCBW committee(s) would you have an interest in working? (please check)

- Membership/Chapter Develop.     Programs  
 Finance/Fund Development     Public Policy/Advocacy  
 Public Relations/Social Media     Leadership Development  
 Special Events (Ad Hoc Committees)

Current NCBW references: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

**NCBW c/o Membership Committee  
P.O. Box 15292  
West Palm Beach, FL 33416**

**Along with the \$50.00 non-refundable application fee.**

**Make check payable to National Coalition of 100 Black Women.**