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Blacks In Government
MEMBERSHIP APPLICATION

·ONE INTENTION·▲·ONE HEART·▲·ONE MEMBERSHIP·

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1 APPLICANT INFORMATION

Applicant Name _____ Home Phone No. _____
Last First Middle

Home Address _____
Number and Street City State Zip Code

Employer Name _____ Business Phone No. _____
Departrment Agency (Spell Out)

Employment Sector:

❑ *Federal* ❑ *State*

❑ *Local (Identify:)* _____

2 MEMBERSHIP INFORMATION

Type of Membership: ❑ *New* ❑ *Renewal – Membership Number:* _____

❑ *Member* ❑ *Name of Chapter:* _____

❑ *Associate Member* ❑ *Life Member*

❑ *Installment:* $ _____

Dues have been paid in full ? ❑ *Yes* ❑ *No*

Remarks: _____

_____

NATIONAL *membership dues are $35.00 for Chapter members and $25.00 for Associate members. Chapter dues are established by each Chapter and are payable in addition to National Dues. Eligibility for chapter membership is contingent upon National Membership. Life Membership fee is $300.00.*

3 SIGNATURE

_____ _____
Applicant's Signature *Date*

4 CHANGE OF ADDRESS/TELEPHONE NUMBER:

Old Address

Old Street Address | *Old Apt.*

Old City | *Old State* | *Old Zip Code*

Old Home Telephone Number *(with area code)*:

New Address

New Street Address | *New Apt.*

New City | *New State* | *New Zip Code*

New Home Telephone Number *(with area code)*:

CHAPTER'S COPY ***(White)*** **NATIONAL OFFICE'S COPY** ***(Canary)*** **MEMBER'S COPY** ***(Pink)***