The National Congress of Black Women, Inc.
1250 4th St. S.W. Ste. WG1
Washington, DC 20024

MEMBERSHIP APPLICATION

I want to become an active National Congress of Black Women, Inc. (NCBW-Inc.) member to help families by enlightening women socially, politically, and economically.

NAME: _____

Email: _____@_____

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

Address: _____

City/State/Zip: _____

Emergency Point of Contact Name/Number: _____/_____

Are you a registered voter: ____Yes ____ No / Are you over 16? ____ Yes ____ No

Desired Membership Category:

____ $10 Youth (12-17/Student)
____ $25 Young Adult (18-25/Student)
____ $50 Regular
____ $100 Patron
____ $1000 Lifetime (1/2/3 installments)

Skill Set:

_____Marketing
_____Education
_____Science
_____Medical
_____Business
_____Music
_____Math/Engineering
_____Technology
_____Other
_____Other

Note: All Members must pay local Chapter Dues

_____I am unable to become a member currently. Please accept my contribution of $_____.

CASH APP: [insert address]
PAYPAL: paypal.me/insert address/$$
ZELLE: [insert address]

Phone: (XXX) XXX-XXXX
email: [insert address.com]
A Non-Profit/Non-Partisan Organization
EIN: XX-XXXXXX