

Thank you for your interest in The Broward County Section of National Council of Negro Women. Complete the membership application below **printing clearly and legibly**, and submit application with membership payment.

BROWARD COUNTY SECTION OF NATIONAL COUNCIL NEGRO WOMEN, INC.			
P.O. Box 8361 Fort Lauderdale, FL 33310 <a href="http://www.browardncnw.org">www.browardncnw.org</a> 954-588-5560 ncnwbc01@gmail.com			
MEMBERSHIP APPLICATION			
<b>Salutation (Ms. Miss, Mrs., Mr., Dr.):</b>			
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
<b>Email Address:</b>			
<b>Mobile Number:</b>	<b>Home Number:</b>	<b>Birthday:</b> (MM/YY)	
<b>Affiliated Organizations:</b>			
MEMBERSHIP INFORMATION			
<b>Membership Status:</b>	<input type="checkbox"/> New Member	<input type="checkbox"/> Renewing Member	
<b>Membership Category (select one)</b>			
<input type="checkbox"/> Annual - \$100.00	<input type="checkbox"/> Life - \$550.00	<input type="checkbox"/> Youth (ages 12-18) - \$10.00	<input type="checkbox"/> Associate (Men) - \$100.00
<input type="checkbox"/> Legacy Life - \$1,050.00		<input type="checkbox"/> Associate Life - \$550.00	
COMMITTEES (SELECT ONE OR MORE)			
<input type="checkbox"/> Budget & Finance	<input type="checkbox"/> By-Laws	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Membership
<input type="checkbox"/> Nominating		<input type="checkbox"/> Press & Publicity	<input type="checkbox"/> Programs
		<input type="checkbox"/> Resource Development	<input type="checkbox"/> Youth Group
AREA OF SKILLS			
<i>Please select each category that represents your area of skills, experience or expertise. All levels are welcome.</i>			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Banking	<input type="checkbox"/> Co-Ops	<input type="checkbox"/> Communication/Public Speaking
<input type="checkbox"/> Community Service	<input type="checkbox"/> Computer Technology/Application	<input type="checkbox"/> Counseling	<input type="checkbox"/> Creative Arts
<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Customer Service/Relations	<input type="checkbox"/> Educator/Facilitator	<input type="checkbox"/> Forming Coalitions
	<input type="checkbox"/> Government Relations	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Graphic Design
	<input type="checkbox"/> Health Services	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Media Relations
		<input type="checkbox"/> Marketing/Social Media	<input type="checkbox"/> Policy Planning
		<input type="checkbox"/> Research	<input type="checkbox"/> Sales
		<input type="checkbox"/> Social Service	<input type="checkbox"/> Youth Development
		<input type="checkbox"/> Other _____	
SIGNATURE			
<i>I verify that the information on this form is accurate.</i>			
<b>Signature:</b>			<b>Date:</b>
FOR OFFICE USE ONLY			
<b>Payment Method:</b>	<b>Payment Amount:</b>	<b>Member Name</b>	

Make your check or money order payable to **Broward County Section NCNW**, PO Box 8361, Fort Lauderdale, FL 33309  
 +Mary McLeod Bethune, Founder  
 +Dorothy I. Height, President Emerita  
 + Denotes deceased