



Become a part of the National Council of Negro Women!

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

New Member Renewing Member # _____

Section Name (if applicable): _____

I am joining as a Direct Member, my Affiliate name is _____

Membership Type:

Youth (12-18 Middle-High School) \$2 Student (Collegiate) \$10

Annual \$30 Associate (men) \$30 Partner \$50

Life Membership \$500 Associate Life \$500 Group Life \$750 Legacy Life \$1,000

Method of Payment:

Check (payable to NCNW) MasterCard VISA Cash

Account #: _____ Expiration Date: _____

Amount \$: _____ Signature: _____

Member Benefits:

- Youth \$2 / Student \$10 – Newsletter
- Annual Member or Associate Member (men) \$30 – Newsletter
- Partner \$50 – Newsletter, annual recognition in the newsletter, recognition in the Uncommon Height Awards Program Book
- Life Member: Individual Life \$500, Group Life \$750
All Individual and Group Life Members receive an engraved Silver Card
- Legacy Life \$1,000 – All Legacy Life Members receive an engraved Gold Card

Mail application to: 633 Pennsylvania Avenue NW, Attn: Membership Department, Washington, DC 20004