

Place an "X" next to the appropriate category:

New Member\_\_\_

Membership Renewal

Membership Reinstatement\_\_\_

## MEMBERSHIP APPLICATION

Name:			
First	MI.	Last	
Home Address:			
	Street Ad	dress	
City	State		Zip
Home Phone ( )		Cell Phone ( )	
E-mail address(s)			
Business Address			
City	State		Zip
Business Phone ( )		Fax Number ( )	
Present Employment			
Type of Firm/Organization			
Position/Title			

## **PERSONAL:**

Date of Birth:	
Number of Children and Ages:Spouse's Name:	
Interest/Hobbies:	
Church Name:	
EDUCATION:	
College Graduate? Yes No Name of College/University	
Degree Earned:	Year
Graduate Degree? Yes No Name of College/University	
Degree Earned:	Year
Graduate Degree? Yes No Name of College/University	
Degree Earned:	Year
ELECTED/APPOINTED OFFICIAL? Yes No Position(s):	
Year(s) Elected/Appointed	
Current Term(s) Ends	
BOARD MEMBERSHIP(S)? YesNo List Current Board(s) and Position(s):	
OBCANIZATIONAL MEMBEDSHID(S) 9 JUNE N	
ORGANIZATIONAL MEMBERSHIP(S)? YesNo	
Name of Organization(s) and Position(s):	





## APPLICATION INSTRUCTIONS

- Have members in good standing complete the Candidate Referral Form
- ✓ Complete the balance of the application.
- Send the completed application (including the Candidate Referral Form) to 100 Black Men of Erie, PA, Inc. Membership Chairman 1108 Parade Street, Erie, PA 16503 \*A complete application consists of the completed application and the Candidate Referral Form.

If your membership application is accepted, you must pay your prorated annual membership dues upon approval. Our VP of Finance will advise you as to the amount owed at that time .



## **CANDIDATE REFERRAL FORM**

MEMBER'S
NAME:
CANDIDATE'S NAME: GIVING RES
CANDIDATE'S
NAME:
HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE
CANDIDATE?
WHY YOU BELIEVE THE CANDIDATE WILL BENEFIT THE ORGANIZATION
$\mathbb{R}$

Signed (by a current 100 member) \*\*

Date