



**The National Association of
Negro Business and Professional Women's Clubs Inc.**
1806 New Hampshire Ave. NW ♦ Washington, DC 20009-3206 ♦ 202 483-4206 ♦ 202 483-7253 (fax)
E-mail: nanbpwc@aol.com ♦ Website: <http://www.nanbpwc.org>

ADULT MEMBERSHIP APPLICATION

Please type or print: If more space is required, submit as an attachment include applicant's name on each page

Club Name:			District:		Date:	
Type:	<input type="checkbox"/> Adult (21+)	<input type="checkbox"/> Young Adult (18-35) <small>[Must belong to Young Adult Club]</small>		<input type="checkbox"/> Member-at-Large	<input type="checkbox"/> Associate	<input type="checkbox"/> Corporate
Category: <input type="checkbox"/> Professional <input type="checkbox"/> Business: Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No			Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired			
Name:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last:	First:	Middle:	DOB:	
Home Address:			City:	State:	Zip Code:	
Telephone:		This is: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		E-Mail Address:		
Name of Employer/Business:				Telephone:		
Work Address:		City:	State:	Zip:		
Occupation:		Title:				
Certifications:						
Have you ever been a member of NANBPWC, Inc.?			<input type="checkbox"/> No <input type="checkbox"/> Yes		Dates:	
Brief Job Description <small>(List Supervisory/Administrative Skills):</small>						
Education:						
College(s)	Name:	Address:		Degree/Major:	Date:	
	Name:	Address:		Degree/Major:	Date:	
Other Schools	Name:	Address:		Degree/Certification:	Date:	
High School	Name:	Address:		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Organizational Affiliations:						
Name:		City:		Office Held:		
Name:		City:		Office Held:		
Name:		City:		Office Held:		
List special skills or interests:						
Sponsor		Name of Club				
References:						
Name		Address		Telephone		
Name		Address		Telephone		
Attach Resume and Copy of Degree(s), Licenses and Certification where not prohibited by law.						
Signatures:						
Applicant:				Date		
Acceptance:	Local President/Membership Chair			Date		
Approval:	Governor/Vice Governor:			Date		
Authorization:	National Director of Membership:			Date		

Club Instructions: After receiving signature of National Director of Membership, submit original application package, New Member Roster, Adult Department Dues Transmittal, and Check for New Member Joining fees to National Office.

Office Use:	Joining Fees Received:	Date	Amount	\$
	Posted to Database:		Member Packet Sent:	