



Application for Membership – Section AZ002

MEMBERSHIP TYPE:

- National/Local Member
 Associate
 Student
 Supporter

Referred by: NCNW Sponsor Other: (specify)

TELL US ABOUT YOU

Name:		Birth Month/Date	
Address:			
City		State	Zip
Home Phone:		Cell/Mobile phone:	
Preferred method of contact:		<input type="checkbox"/> Cell: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Home: _____	
<input type="checkbox"/> US Mail <input type="checkbox"/> Fax: _____			

WHERE WOULD YOU LIKE TO VOLUNTEER YOUR SKILLS AND TALENTS? (SELECT YOUR TOP 3)

<input type="checkbox"/> Education Committee <input type="checkbox"/> Health & Wellness Committee <input type="checkbox"/> Economic Empowerment Committee <input type="checkbox"/> Membership Committee <input type="checkbox"/> Social/Hospitality Committee <input type="checkbox"/> Fundraising Committee	<input type="checkbox"/> Community Outreach <input type="checkbox"/> Public Relations/Social Media <input type="checkbox"/> Youth Committee <input type="checkbox"/> Scholarship Committee
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EMPLOYMENT INFORMATION

Current Employer:		How long?
Employer Address:		City/State/Zip
Position:	Office phone:	Office email/fax (if preferred for contact):

POLITICAL OR PROFESSIONAL AFFILIATION (OPTIONAL)

CHECK OUT

REFER A FRIEND!

Name		
Address		
Phone	Home	Cell/Mobile



ncnw
commitment | unity | self reliance

**Metropolitan Sun of Arizona
National Council of Negro Women**

Complete, sign, and mail with check or money with full annual dues of **\$100.00** to: **Metropolitan Sun of Arizona NCNW, 4240 S. Arizona Ave., #1093, Chandler, AZ 85248.** Make membership dues payable to the **Metropolitan Sun of Arizona NCNW** or you may pay online at www.ncnwmetrosun.org.

We encourage you to visit the National Office of NCNW on the web at WWW.NCNW.ORG and our local chapter website at WWW.NCNWMETROSUN.ORG.

I PLEDGE to fully commit and pledge to faithfully support and uphold the mission and goals of the organization and actively contribute my time and talents to programs, events, and initiatives of the organization.

Signature: _____

Date: _____

Renewal# _____

Payment: Cash

Check

Money Order