



National Coalition of 100 Black Women, Inc.
Central Alabama Chapter, Inc.

MEMBERSHIP APPLICATION

A. APPLICANT BASIC INFORMATION

Last Name First Name Middle

Address

City County State Zip Code

(____) _____ (____) _____ (____) _____
Home Number Work Number Mobile

E-mail Address Date of Birth (mm/dd/yyyy)

**B. TWO (2) PROFESSIONAL LETTERS OF RECOMMENDATION OR SPONSOR/
SUPPORTER (Must be a member in good standing.)**

Name of Member Recommending you (____) _____
Phone Number

If you submit professional letters of recommendation, please attach them to your application.

C. PRESENT EMPLOYER/BUSINESS

Company Name Title

Address

City County State Zip Code

(____) _____ (____) _____
Telephone Number Fax Number

Type of Business/Industry E-mail Address



National Coalition of 100 Black Women, Inc.
Central Alabama Chapter, Inc.

MEMBERSHIP APPLICATION (cont.)

D. EDUCATION

DEGREE/YEAR	COLLEGE OR UNIVERSITY
_____	_____
_____	_____
_____	_____

E. BUSINESS AND PROFESSIONAL AFFILIATIONS (Within the last five years)

NAME	POSITION HELD	PERIOD OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. COMMUNITY AND CIVIC AFFILIATIONS

NAME	POSITION HELD	PERIOD OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. AWARDS AND RECOGNITIONS

TITLE OF AWARD	ORGANIZATION	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. COMMITMENTS

1. What contributions have you made within your professional affiliations?



National Coalition of 100 Black Women, Inc.
Central Alabama Chapter, Inc.

MEMBERSHIP APPLICATION (cont.)

2. What contributions have you made to your community or through your civic affiliations?

I. RESOURCES AND SKILLS

What resources and special skills will you share with the Coalition to help advance its goals and programs? (i.e., financial, time, networking, etc.)

J. AREA(S) OF INTEREST (Check other areas of interest not mentioned above)

- | | |
|---|--|
| <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> By-Laws/Policies and Procedures |
| <input type="checkbox"/> Health | <input type="checkbox"/> Education/Mentoring |
| <input type="checkbox"/> Political Advocacy | <input type="checkbox"/> Arts & Cultural Affairs |
| <input type="checkbox"/> Grants and Foundations | <input type="checkbox"/> Signature Events (Fundraising) |
| <input type="checkbox"/> Corporate Relations | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing |

K. EXPERTISE I WISH TO SHARE WITH THE COALITION

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Finance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Administration | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Legal | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Accounting | <input type="checkbox"/> Education/Mentoring | <input type="checkbox"/> Other _____ |



National Coalition of 100 Black Women, Inc.
Central Alabama Chapter, Inc.

MEMBERSHIP APPLICATION (cont.)

L. SIGNATURE OF COMMITMENT

By submitting this signed application, I am expressing my interest in becoming a member of the Central Alabama Chapter of the National Coalition of 100 Black Women, Inc. If accepted for membership. I will support this organization through my presence and contributions to its programs and activities. I will adhere to the organization's bylaws, policies, and procedures while respecting the leadership and promoting sisterhood.

Applicant's Signature

Date

M. PUBLICITY RELEASE

If accepted to become a member of the Central Alabama Chapter of the National Coalition of 100 Black Women, Inc. ("Organization"), I understand that the Organization may use images and sound recordings of Organization activities in local, national, and/or international media including, but not limited to, printed materials, Organization websites, videos, and television broadcasts. I understand that I may appear in photographs, video recordings, and voice recordings (collectively "Images") taken by the Organization or third parties. Therefore, I permit the Organization to use such Images of me by these provisions. For purposes that support the Organization's mission, I give the Organization the right to use, publish, reproduce, modify, adapt, and distribute Images at any time in any manner or medium, including without limitation users in print materials, presentations, the Internet, television, mailed promotions, exhibits, and press releases. I understand that my name, photograph, voice, or likeness can be used for all promotional purposes related to the Organization and its sponsors and beneficiaries. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. I understand that I will receive no payment for using the Images. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns, and legal representatives. I agree, for myself, my heirs, executors, and administrators, now and in the future, to not sue and to release, indemnify, and hold harmless the organization, staff, officers, directors, volunteers, and employees. All are sponsoring businesses and organizations and their agents and employees from any liability, claims, demands, and causes of action whatsoever arising out of my participation in Organization and related activities, including use of the Images – whether it results from the negligence of any of the above or from any other cause. I have read this Waiver and Release of Liability carefully and fully understand its contents. I am aware that by signing this Waiver and Release of Liability, I am waiving substantial legal rights, including the right to sue, and knowing this, I sign it of my own free will.

Applicant's Signature

Date

FOR INTERNAL USE ONLY

Date Application Received	
Date Application Fee Received	
Date of Interview	
Date Notification Letter Sent	Accepted Rejected
Date of Induction	
Date of Orientation	