

*Instructions on completing the PDF membership form:*

Click your left mouse in the form field you wish to complete. A cursor will appear and the information can be typed into the proper field. If there is a check-box, simply hit the space bar to place a check in the field.

Use the tab key or mouse to navigate to the next field.

Make sure you use the proper form for each membership type. Some pages may be blank.

Information that remains the same on every page, such as name of Secretary, date, etc., will only need to be typed once and it will be automatically duplicated on subsequent pages. Please save form to your computer to fill out.

*Printing the PDF membership form:*

Once the membership form has been completed, go to the File menu and choose the Print menu.

Indicate the range of pages you wish to print to avoid printing blank pages. You may need to perform this function several times depending on the kinds of memberships your Branch receives in any given report period.

Retain a printed copy for Branch records, and submit a copy to National with your membership share. (You will not be able to save the file with the completed info using Acrobat Reader.)

## Instructions to Branch Secretaries

1. The Branch Constitution (Article V, Sec. 4) requires that all Memberships be reported to the National Office within fifteen days after their receipt in the Branch. It is the duty of the Branch Secretary to see that this is done.
2. All membership reports, whether they contain one (1) membership for one hundred (100), must be made on the regular report forms furnished by the National Office. Do not report memberships in letters or on other types of stationery.
3. The effective date recorded will be the assigned effective date to all members remitted on the reporting form.
4. Complete names and addresses must be given for all members. **IMPORTANT: TO REPORT CHANGE OF ADDRESS PLEASE CHECK THE BOX PROVIDED IN ADDRESS COLUMN.**  
  
Please include E-mail addresses and telephone numbers when possible.
5. Do not abbreviate names of cities and streets.
6. See that zip codes are indicated for all addresses in your reports.
7. Keep a record of **Membership Numbers** obtained from memberships sent to the Branch. Transcribe the number to the membership report for each renewal for easier tracking.
8. Enter the **Expiration Date** of each membership in the space provided. If no date appears in this space, the end of the month, one year from the date on the report will be used.
9. After completing the membership report form and receiving the check from the treasurer, make a photocopy of all reports and checks for accurate records and future concerns.
10. During the various membership campaigns, send a report at least once a week or every fifteen days. Do not wait until the campaign is over to make your reports.
11. When a member complains of failure to get the *Crisis*, send in the name and address of that member and the date of the report in which the membership was remitted to the Membership Department here at the National Office.
12. There are no Mr. & Mrs. Memberships to the NAACP, each membership must be listed individually.
13. Make an exact copy of every Membership Report sent to the National Office. Keep report copies in a loose-leaf notebook, a binder, or on the computer in chronological order.

<b>NAACP Membership Dues Sharing Formula with Codes</b>				
<b>Membership Type</b>	<b>Amount Paid</b>	<b>To Unit</b>	<b>To National</b>	<b>Code</b>
Regular	\$30.00	\$11.90	\$18.10	R
Youth w/Crisis	\$15.00	\$4.80	\$10.20	T
Youth w/o Crisis	\$10.00	\$3.00	\$7.00	U

### *Instructions for Completing Life Membership Report Forms*

**1. Name.** Enter full name of individual member, business or organization. If space is not sufficient to enter the entire name of a business or organization, please abbreviate where possible.

**2. Address.** Indicate address where membership information, the *Crisis* magazine, and ultimately where the plaque will be shipped. If there are special instructions, attach separate correspondence. Complete, legible names of cities and streets are required. No abbreviations!

**IMPORTANT: TO REPORT CHANGE OF ADDRESS PLEASE CHECK THE BOX PROVIDED IN ADDRESS COLUMN.**

Please include E-mail addresses and telephone numbers when possible.

**3. Paid By Member.** Enter payment made by member in box marked **(A)**.

PLEASE NOTE: The minimum annual life membership payment should be - Junior Life \$25.00; Teen Life (Old Rate) \$50.00; Life Membership (Old Rate) \$50.00; Silver Life \$75.00; Golden Heritage (Old Rate) \$100.00; Gold Life \$150.00 and Diamond Life \$250.00.

**4. Unit Portion.** Enter the appropriate share retained by the Branch in box marked **(B)**.

**5. Amount Remitted to National.** Enter the appropriate payment made to National in box marked **(C)**.

**6. Prior Payments By Member.** Enter total Prior Payments made by member in box marked **(D)**.

**7. Membership Number.** If reporting a "renewal" subscribing payment, enter the membership number found on membership card.

**8.** Enter the **Expiration Date** of each membership in the space provided. If no date appears in this space, the end of the month, one year from the date on the report will be used.

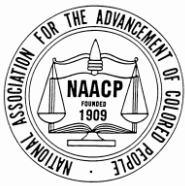
<b>NAACP Membership Dues Sharing Formula With Codes</b>					
<b>Membership Type</b>	<b>Payment Plan</b>	<b>Amount Paid</b>	<b>To Unit</b>	<b>To Nat'l</b>	<b>Code</b>
<b>Junior Life (Ages 13 and under)</b>	Full	\$100.00	\$40.00	\$60.00	K
	4 Years	\$25.00	\$10.00	\$15.00	L
<b>Teen Life (Ages 14 to 20) (old rate)</b>	Full	\$250.00	\$100.00	\$150.00	Y
	5 Years	\$50.00	\$20.00	\$30.00	Z
<b>Bronze Life (Ages 14 to 20)</b>	Full	\$400.00	\$160.00	\$240.00	0
	5 Years	\$80.00	\$32.00	\$48.00	1
<b>Life Membership (old rate)</b>	Full	\$500.00	\$200.00	\$300.00	G
	5 Years	\$100.00	\$40.00	\$60.00	H
	10 Years	\$50.00	\$20.00	\$30.00	H
<b>Silver Life</b>	Full	\$750.00	\$300.00	\$450.00	3
	5 Years	\$150.00	\$60.00	\$90.00	4
	10 Years	\$75.00	\$30.00	\$45.00	4
<b>Golden Heritage (old rate)</b>	Full	\$1000.00	\$400.00	\$600.00	A
	5 Years	\$200.00	\$80.00	\$120.00	B
	10 Years	\$100.00	\$40.00	\$60.00	B
<b>Gold Life</b>	Full	\$1500.00	\$600.00	\$900.00	5
	5 Years	\$300.00	\$120.00	\$180.00	6
	10 Years	\$150.00	\$60.00	\$90.00	6
<b>Diamond Life</b>	Full	\$2500.00	\$1000.00	\$1500.00	7
	5 Years	\$500.00	\$200.00	\$300.00	8
	10 Years	\$250.00	\$100.00	\$150.00	8

### NAACP Membership Dues Sharing Formula with Codes

Membership Type	Amount Paid	To Unit	To National	Code
Regular	\$30.00	\$11.90	\$18.10	R
Youth w/Crisis	\$15.00	\$4.80	\$10.20	T
Youth w/o Crisis	\$10.00	\$3.00	\$7.00	U

Membership Type	Payment Plan	Amount Paid	To Unit	To Nat'l	Code
<b>Junior Life (Ages 13 and under)</b>	Full	\$100.00	\$40.00	\$60.00	K
	4 Years	\$25.00	\$10.00	\$15.00	L
<b>Bronze Life (Ages 14 to 20)</b>	Full	\$400.00	\$160.00	\$240.00	0
	5 Years	\$80.00	\$32.00	\$48.00	1
<b>Silver Life</b>	Full	\$750.00	\$300.00	\$450.00	3
	5 Years	\$150.00	\$60.00	\$90.00	4
	10 Years	\$75.00	\$30.00	\$45.00	4
<b>Gold Life</b>	Full	\$1500.00	\$600.00	\$900.00	5
	5 Years	\$300.00	\$120.00	\$180.00	6
	10 Years	\$150.00	\$60.00	\$90.00	6
<b>Diamond Life</b>	Full	\$2500.00	\$1000.00	\$1500.00	7
	5 Years	\$500.00	\$200.00	\$300.00	8
	10 Years	\$250.00	\$100.00	\$150.00	8





# ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

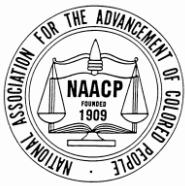
Page \_\_\_\_ of \_\_\_\_

Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
1.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
2.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
3.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
4.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
5.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
<b>Amount remitted herewith</b>		<b>TOTALS</b>			
<b>Name of Unit Secretary (Please print)</b>					
<b>Unit Secretary's Signature</b>					



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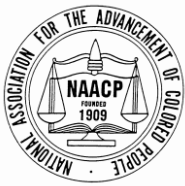
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Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
6.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
7.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
8.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
9.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
10.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
<b>Amount remitted herewith</b>		<b>TOTALS</b>			
<b>Name of Unit Secretary (Please print)</b>					
<b>Unit Secretary's Signature</b>					



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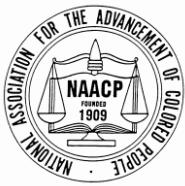
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
11.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
12.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
13.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
14.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
15.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
<b>Amount remitted herewith</b>		<b>TOTALS</b>			
\$	<b>Name of Unit Secretary (Please print)</b>				
	<b>Unit Secretary's Signature</b>				





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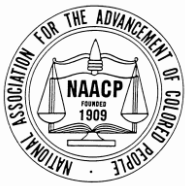
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Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
16.	Check if new address <input type="checkbox"/>				#
		\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.	E-mail:				
17.	Check if new address <input type="checkbox"/>				#
		\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.	E-mail:				
18.	Check if new address <input type="checkbox"/>				#
		\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.	E-mail:				
19.	Check if new address <input type="checkbox"/>				#
		\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.	E-mail:				
20.	Check if new address <input type="checkbox"/>				#
		\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.	E-mail:				
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
\$	<b>Unit Secretary's Signature</b>				



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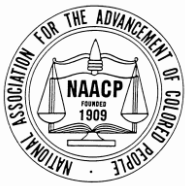
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Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
21.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
22.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
23.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
24.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
25.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
\$	<b>Unit Secretary's Signature</b>				



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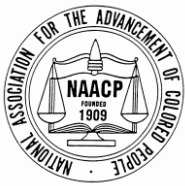
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Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
26.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
27.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
28.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
29.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
30.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
<b>Amount remitted herewith</b>		<b>TOTALS</b>			
<b>Name of Unit Secretary (Please print)</b>					
<b>Unit Secretary's Signature</b>					



# YOUTH MEMBERSHIP W/O CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People  
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

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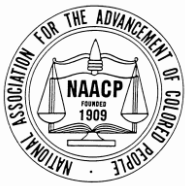
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**Only Available to Individuals Ages 17 and Under**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
1. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
Telephone No. _____	E-mail: _____				
2. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
Telephone No. _____	E-mail: _____				
3. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
Telephone No. _____	E-mail: _____				
4. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
Telephone No. _____	E-mail: _____				
5. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
Telephone No. _____	E-mail: _____				
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
\$ _____	_____				
	<b>Unit Secretary's Signature</b>				
	_____				



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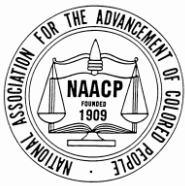
**Unit No.** \_\_\_\_\_

*(Please fill in Unit No.)*

**Only Available to Individuals Ages 17 and Under**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
6.	<small>Check if new address</small> <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
7.	<small>Check if new address</small> <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
8.	<small>Check if new address</small> <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
9.	<small>Check if new address</small> <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
10.	<small>Check if new address</small> <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
<b>Amount remitted herewith</b>		<b>TOTALS</b>			
<b>Name of Unit Secretary (Please print)</b>					
<b>Unit Secretary's Signature</b>					
<b>\$</b>					



# YOUTH MEMBERSHIP W/O CRISIS REGISTRATION FORM

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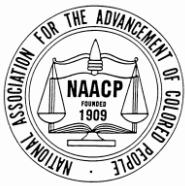
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**Only Available to Individuals Ages 17 and Under**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
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NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
11.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
12.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
13.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
14.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
15.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
<b>\$</b>	<b>Unit Secretary's Signature</b>				



# YOUTH MEMBERSHIP WITH CRISIS REGISTRATION FORM

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4805 Mt. Hope Drive • Baltimore, Maryland 21215

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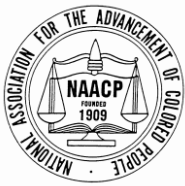
Unit No. \_\_\_\_\_

*(Please fill in Unit No.)*

**Only Available to Individuals Ages 20 and Under**

Name of Unit	Unit Address (City, State, Zip)	Effective Date
--------------	---------------------------------	----------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
1.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 15.00	\$ 4.80	\$ 10.20	#
Telephone No.	E-mail:				
2.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 15.00	\$ 4.80	\$ 10.20	#
Telephone No.	E-mail:				
3.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 15.00	\$ 4.80	\$ 10.20	#
Telephone No.	E-mail:				
4.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 15.00	\$ 4.80	\$ 10.20	#
Telephone No.	E-mail:				
5.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 15.00	\$ 4.80	\$ 10.20	#
Telephone No.	E-mail:				
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
\$	Unit Secretary's Signature				



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Unit No. \_\_\_\_\_

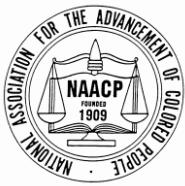
(Please fill in Unit No.)

**Only Available to Individuals Ages 20 and Under**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
6.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
7.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
8.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
9.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
10.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
<b>\$</b>	<b>Unit Secretary's Signature</b>				





# YOUTH MEMBERSHIP WITH CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People  
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page \_\_\_\_ of \_\_\_\_

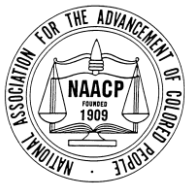
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**Only Available to Individuals Ages 20 and Under**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
11.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
12.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
13.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
14.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
15.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
<b>\$</b>	<b>Unit Secretary's Signature</b>				



# JUNIOR LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page \_\_\_\_ of \_\_\_\_

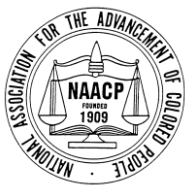
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**ONLY AVAILABLE TO INDIVIDUALS AGES 13 & UNDER.**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1.  Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 25.00 \$ 100.00	\$ 10.00 \$ 40.00	\$ 15.00 \$ 60.00	# _____
		A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
2.  Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 25.00 \$ 100.00	\$ 10.00 \$ 40.00	\$ 15.00 \$ 60.00	# _____
		A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
3.  Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 25.00 \$ 100.00	\$ 10.00 \$ 40.00	\$ 15.00 \$ 60.00	# _____
		A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
4.  Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 25.00 \$ 100.00	\$ 10.00 \$ 40.00	\$ 15.00 \$ 60.00	# _____
		A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
5.  Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 25.00 \$ 100.00	\$ 10.00 \$ 40.00	\$ 15.00 \$ 60.00	# _____
		A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
<b>Amount remitted herewith</b>  \$ _____	<b>Name of Unit Secretary (Please print)</b> _____	<b>TOTALS</b>			
	<b>Unit Secretary's Signature</b> _____				



# TEEN LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People  
4805 Mt. Hope Drive • Baltimore, Maryland 21215

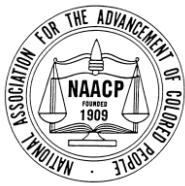
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**ONLY AVAILABLE TO INDIVIDUALS AGES 14 TO 20  
WHO BEGAN PAYMENT PRIOR TO APRIL 1, 1999**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number	
1.  Telephone No. _____	_____  E-mail: _____	Check if new address <input type="checkbox"/>	\$ 50.00	\$ 20.00	\$ 30.00	# _____
			\$ 250.00	\$ 100.00	\$ 150.00	
			Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
			Ⓓ \$ _____	<b>Prior payments made by member</b>		
2.  Telephone No. _____	_____  E-mail: _____	Check if new address <input type="checkbox"/>	\$ 50.00	\$ 20.00	\$ 30.00	# _____
			\$ 250.00	\$ 100.00	\$ 150.00	
			Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
			Ⓓ \$ _____	<b>Prior payments made by member</b>		
3.  Telephone No. _____	_____  E-mail: _____	Check if new address <input type="checkbox"/>	\$ 50.00	\$ 20.00	\$ 30.00	# _____
			\$ 250.00	\$ 100.00	\$ 150.00	
			Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
			Ⓓ \$ _____	<b>Prior payments made by member</b>		
4.  Telephone No. _____	_____  E-mail: _____	Check if new address <input type="checkbox"/>	\$ 50.00	\$ 20.00	\$ 30.00	# _____
			\$ 250.00	\$ 100.00	\$ 150.00	
			Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
			Ⓓ \$ _____	<b>Prior payments made by member</b>		
5.  Telephone No. _____	_____  E-mail: _____	Check if new address <input type="checkbox"/>	\$ 50.00	\$ 20.00	\$ 30.00	# _____
			\$ 250.00	\$ 100.00	\$ 150.00	
			Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
			Ⓓ \$ _____	<b>Prior payments made by member</b>		
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>		<b>TOTALS</b>			
	<b>Unit Secretary's Signature</b>					
\$ _____						



# BRONZE LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People  
4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page \_\_\_\_ of \_\_\_\_

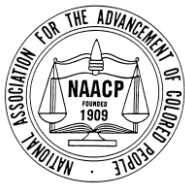
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**ONLY AVAILABLE TO INDIVIDUALS AGES 14 TO 20.**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1. _____  Telephone No. _____	_____ <input type="checkbox"/> Check if new address  E-mail: _____	\$ 80.00	\$ 32.00	\$ 48.00	# _____
		\$ 400.00	\$ 160.00	\$ 240.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	<b>Prior payments made by member</b>		
2. _____  Telephone No. _____	_____ <input type="checkbox"/> Check if new address  E-mail: _____	\$ 80.00	\$ 32.00	\$ 48.00	# _____
		\$ 400.00	\$ 160.00	\$ 240.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	<b>Prior payments made by member</b>		
3. _____  Telephone No. _____	_____ <input type="checkbox"/> Check if new address  E-mail: _____	\$ 80.00	\$ 32.00	\$ 48.00	# _____
		\$ 400.00	\$ 160.00	\$ 240.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	<b>Prior payments made by member</b>		
4. _____  Telephone No. _____	_____ <input type="checkbox"/> Check if new address  E-mail: _____	\$ 80.00	\$ 32.00	\$ 48.00	# _____
		\$ 400.00	\$ 160.00	\$ 240.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	<b>Prior payments made by member</b>		
5. _____  Telephone No. _____	_____ <input type="checkbox"/> Check if new address  E-mail: _____	\$ 80.00	\$ 32.00	\$ 48.00	# _____
		\$ 400.00	\$ 160.00	\$ 240.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	<b>Prior payments made by member</b>		
<b>Amount remitted herewith</b>  \$ _____	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
	<b>Unit Secretary's Signature</b>				



# LIFE MEMBERSHIP (\$500.00) REGISTRATION FORM

National Association for the Advancement of Colored People  
4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page \_\_\_\_ of \_\_\_\_

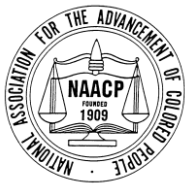
Unit No. \_\_\_\_\_

**ONLY AVAILABLE TO MEMBERS WHO BEGAN PAYMENT PRIOR TO APRIL 1, 1999**

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1.	<input type="checkbox"/> Check if new address _____ _____ Telephone No. _____ E-mail: _____	\$ 50.00	\$ 20.00	\$ 30.00	# _____
		\$ 500.00	\$ 200.00	\$ 300.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	Prior payments made by member		
2.	<input type="checkbox"/> Check if new address _____ _____ Telephone No. _____ E-mail: _____	\$ 50.00	\$ 20.00	\$ 30.00	# _____
		\$ 500.00	\$ 200.00	\$ 300.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	Prior payments made by member		
3.	<input type="checkbox"/> Check if new address _____ _____ Telephone No. _____ E-mail: _____	\$ 50.00	\$ 20.00	\$ 30.00	# _____
		\$ 500.00	\$ 200.00	\$ 300.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	Prior payments made by member		
4.	<input type="checkbox"/> Check if new address _____ _____ Telephone No. _____ E-mail: _____	\$ 50.00	\$ 20.00	\$ 30.00	# _____
		\$ 500.00	\$ 200.00	\$ 300.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	Prior payments made by member		
5.	<input type="checkbox"/> Check if new address _____ _____ Telephone No. _____ E-mail: _____	\$ 50.00	\$ 20.00	\$ 30.00	# _____
		\$ 500.00	\$ 200.00	\$ 300.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	
		Ⓓ \$	Prior payments made by member		
Amount remitted herewith	Name of Unit Secretary (Please print)	<b>TOTALS</b>			
	Unit Secretary's Signature				



# SILVER LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page \_\_\_\_ of \_\_\_\_

Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1.  Telephone No.	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	#
			\$ 300.00	\$ 450.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	<b>Prior payments made by member</b> D \$
2.  Telephone No.	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	#
			\$ 300.00	\$ 450.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	<b>Prior payments made by member</b> D \$
3.  Telephone No.	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	#
			\$ 300.00	\$ 450.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	<b>Prior payments made by member</b> D \$
4.  Telephone No.	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	#
			\$ 300.00	\$ 450.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	<b>Prior payments made by member</b> D \$
5.  Telephone No.	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	#
			\$ 300.00	\$ 450.00	
		Ⓐ \$	Ⓑ \$	Ⓒ \$	<b>Prior payments made by member</b> D \$
Amount remitted herewith  \$	Name of Unit Secretary (Please print)	<b>TOTALS</b>			
	Unit Secretary's Signature				



# SILVER LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

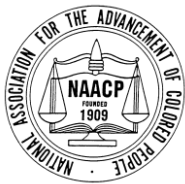
Page \_\_\_\_ of \_\_\_\_

Unit No. \_\_\_\_\_

(Please fill in Unit No.)

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number	
6.  Telephone No. _____	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____	
			\$ 300.00	\$ 450.00		
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____				
		Ⓓ \$ _____	<b>Prior payments made by member</b>			
7.  Telephone No. _____	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____	
			\$ 300.00	\$ 450.00		
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____				
		Ⓓ \$ _____	<b>Prior payments made by member</b>			
8.  Telephone No. _____	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____	
			\$ 300.00	\$ 450.00		
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____				
		Ⓓ \$ _____	<b>Prior payments made by member</b>			
9.  Telephone No. _____	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____	
			\$ 300.00	\$ 450.00		
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____				
		Ⓓ \$ _____	<b>Prior payments made by member</b>			
10.  Telephone No. _____	_____  E-mail: _____	<input type="checkbox"/> Check if new address \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____	
			\$ 300.00	\$ 450.00		
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____				
		Ⓓ \$ _____	<b>Prior payments made by member</b>			
<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>		<b>TOTALS</b>			
	<b>Unit Secretary's Signature</b>					



# GOLDEN HERITAGE LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

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Unit No. \_\_\_\_\_

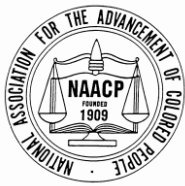
(Please fill in Unit No.)

**ONLY AVAILABLE TO MEMBERS WHO BEGAN PAYMENT PRIOR TO APRIL 1, 1999**

Name of Unit	Unit Address (City, State, Zip)	Effective Date
--------------	---------------------------------	----------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1.  Telephone No. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 100.00 \$ 1000.00	\$ 40.00 \$ 400.00	\$ 60.00 \$ 600.00	# _____
	E-mail: _____	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
2.  Telephone No. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 100.00 \$ 1000.00	\$ 40.00 \$ 400.00	\$ 60.00 \$ 600.00	# _____
	E-mail: _____	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
3.  Telephone No. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 100.00 \$ 1000.00	\$ 40.00 \$ 400.00	\$ 60.00 \$ 600.00	# _____
	E-mail: _____	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
4.  Telephone No. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 100.00 \$ 1000.00	\$ 40.00 \$ 400.00	\$ 60.00 \$ 600.00	# _____
	E-mail: _____	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
5.  Telephone No. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 100.00 \$ 1000.00	\$ 40.00 \$ 400.00	\$ 60.00 \$ 600.00	# _____
	E-mail: _____	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
<b>Amount remitted herewith</b>  \$ _____	<b>Name of Unit Secretary (Please print)</b> _____  <b>Unit Secretary's Signature</b> _____	<b>TOTALS</b>			





# GOLD LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

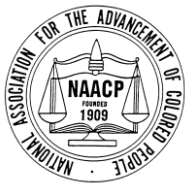
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**ONLY AVAILABLE TO FULLY PAID LIFE (\$500) OR SILVER LIFE MEMBERS**

Name of Unit	Unit Address (City, State, Zip)	Effective Date
--------------	---------------------------------	----------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1.  Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
2.  Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
3.  Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
4.  Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
5.  Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	<b>Prior payments made by member</b>		
Amount remitted herewith	Name of Unit Secretary (Please print)	<b>TOTALS</b>			
\$	Unit Secretary's Signature				



# DIAMOND LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

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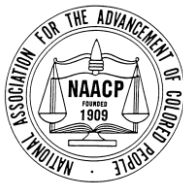
Unit No. \_\_\_\_\_

(Please fill in Unit No.)

**ONLY AVAILABLE TO FULLY PAID GOLDEN HERITAGE OR GOLD LIFE MEMBERS**

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1.  Telephone No.	<input type="checkbox"/> Check if new address  E-mail:	\$ 250.00	\$ 100.00	\$ 150.00	#
		\$ 2,500.00	\$ 1,000.00	\$ 1,500.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
2.  Telephone No.	<input type="checkbox"/> Check if new address  E-mail:	\$ 250.00	\$ 100.00	\$ 150.00	#
		\$ 2,500.00	\$ 1,000.00	\$ 1,500.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
3.  Telephone No.	<input type="checkbox"/> Check if new address  E-mail:	\$ 250.00	\$ 100.00	\$ 150.00	#
		\$ 2,500.00	\$ 1,000.00	\$ 1,500.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
4.  Telephone No.	<input type="checkbox"/> Check if new address  E-mail:	\$ 250.00	\$ 100.00	\$ 150.00	#
		\$ 2,500.00	\$ 1,000.00	\$ 1,500.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
5.  Telephone No.	<input type="checkbox"/> Check if new address  E-mail:	\$ 250.00	\$ 100.00	\$ 150.00	#
		\$ 2,500.00	\$ 1,000.00	\$ 1,500.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
Amount remitted herewith  \$	Name of Unit Secretary (Please print)	<b>TOTALS</b>			
	Unit Secretary's Signature				



# ANNUAL CORPORATE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page \_\_\_\_ of \_\_\_\_

Unit No. \_\_\_\_\_

*(Please fill in Unit No.)*

<b>Name of Unit</b>	<b>Unit Address (City, State, Zip)</b>	<b>Effective Date</b>
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Please circle each amount pertaining to the new member

NAME	FULL ADDRESS ( Include Zip Code)	Paid By Corporation	To Unit	60% To National Office	Membership Number
1.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
2.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
3.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
4.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
5.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				

<b>Amount remitted herewith</b>	<b>Name of Unit Secretary (Please print)</b>	<b>TOTALS</b>			
\$	<b>Unit Secretary's Signature</b>				