



MEMBERSHIP IS POWER!

Please join the NAACP today. Thank You.

HILLSBOROUGH COUNTY BRANCH NAACP (5139) MEMBERSHIP APPLICATION

(Please type or print legibly)

Date:					
Title:	Last Name:	First Name:			
Street Address:					
City:	State:	Zip Code:			
Home #:	()	Cell#	()	Work #:	()
Email Address:					
Membership Type:	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	Membership #:		

MEMBERSHIP CATEGORIES

Regular:		Lifetime Membership:	
<input type="checkbox"/>	ADULT \$30	<input type="checkbox"/>	JUNIOR LIFE (Ages 0-13) \$100
<input type="checkbox"/>	STUDENT – 21 years and under \$10	Date of Birth: ___/___/___	
<input type="checkbox"/>	WOMEN IN NAACP (WIN) – Must be a member \$10	<input type="checkbox"/>	BRONZE LIFE (Ages 14-20) \$400
<input type="checkbox"/>	CORPORATE - ANNUAL \$5,000	Date of Birth: ___/___/___	
<input type="checkbox"/>		<input type="checkbox"/>	SILVER LIFE \$750
		<input type="checkbox"/>	GOLD LIFE \$1500
		<input type="checkbox"/>	DIAMOND LIFE \$2500

Payment Amount:	\$	Check Number:	Money Order Number:
<p>Please make check and money orders payable to HILLSBOROUGH COUNTY BRANCH NAACP. Mail to: Hillsborough County Branch NAACP *Membership* P.O. Box 4266 Tampa, FL 33677 or PayPal: www.naacphillsborough.org</p>			

VOLUNTEER OPPORTUNITIES

I am interested in volunteering for the following committee (s):					
<input type="checkbox"/> ECONOMIC DEVELOPMENT	<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> POLITICAL ACTION			
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> HEALTH			
<input type="checkbox"/> LEGAL REDRESS	<input type="checkbox"/> RELIGIOUS AFFAIRS	<input type="checkbox"/> YOUTH WORKS			
I would like to volunteer: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly					
The hours that I am available are: Mon: Tue: Wed: Thu: Fri:					

**** For more information, please contact the local NAACP Office at (813) 23-I-VOTE (234-8683) ****