



MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____

Cell Telephone: _____

Personal Email: _____

Occupation: _____ Employer _____

Employer's Address _____

Work Telephone: _____

Work Email: _____

Sponsoring Member _____

REFERENCES

REFERENCE #1

Name: _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____

Cell Telephone: _____

REFERENCE #2

Name: _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____

Cell Telephone: _____

REFERENCE #3

Name: _____

Address: _____

City: _____ Zip: _____

Home Telephone: _____

Cell Telephone: _____

EXPERIENCE, AFFILIATIONS, AND INTEREST

Profession and Community Affiliations: _____

Volunteer, Youth, or Non-Profit Experiences: _____

State your reason(s) for your interest in joining the 100 Black Men of Sonoma County, Inc.

AGREEMENT: I understand that the 100 Black Men of Sonoma County, Inc. is membership organization.

I certify that the information given in this application is complete and accurate. If accepted, I agree to abide by the policies, rules, and regulations of the 100 Black Men of Sonoma County, Inc. I also declare that I have not been convicted of, or involved in any crime related to wrongful behavior with a minor.

I authorize the 100 Black Men of Sonoma County, Inc. to perform a background check into the records of any law enforcement agency for the records of criminal convictions.

Upon approval of your application the general membership shall vote to accept you as a member. 100 Black Men of Sonoma County, Inc. has annual Chapter dues and fees set by the membership. In addition, there are annual National Organizational dues set by the national voting delegates. Upon approval of your application the general membership shall vote to accept you as a member.

Signature: _____

Date: _____