



NATIONAL COUNCIL OF NEGRO WOMEN, INC.

ROCKFORD SECTION

P.O. Box 673
Rockford, Illinois 61105-0673

Telephone: (815) 222-2930
E-Mail: NCNWRockford@gmail.com

Membership Application

National membership annual dues: \$30 }
Local section annual dues: \$12* } \$42 annually

Other forms of membership

- Student: \$10 plus local section – \$22 annually
- Associate (men): \$30 plus local section – \$42 annually
- Partner: \$50 - plus local section – \$62 annually
- Advocate: \$75 - plus local section – \$87 annually
- Life: \$500 (once paid only local section dues are paid annually)
- Legacy Life: \$1000 (once paid only local section dues are paid annually)

Selected membership level & cost: _____ \$ ____ + local section annual dues: \$12* = Total paid: \$ _____

Membership level

Make checks payable to NCNW, Inc., Rockford Section. There is a return check fee of \$30.00

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone (Home): _____ (Cell): _____

Email Address: _____

If student level membership, name of school/college/university: _____

_____ If you are a Life or Legacy Life member, please check. Once the national membership fee is paid, only local dues are due annually.

***Amount subject to change without notice**

For Office Use:

_____ New _____ Renewal, if so, membership # _____

_____ Date Paid _____ Check # _____ Cash _____ Money Order _____ Date mailed to nationals: _____

Comments: _____
