



Join the FIGHT FOR FREEDOM

DURING OUR MEMBERSHIP CAMPAIGN

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of freedom burning bright!

1 MEMBER INFORMATION *(please print clearly)*

Mr. Mrs. Ms. Miss Other _____ Date _____

 First Name _____ M.I. _____ Last Name _____

 Address _____ Apt./Suite _____

 City _____ State _____ Zip _____

 Unit Affiliation _____ Current Membership No. *(if renewal)* _____

 Phone No. _____ - _____ - _____ Email Address _____

 Are You A Registered Voter? Yes No _____

 Campaign _____ Solicitor's Name _____

2 MEMBERSHIP TYPE *(please check one)*

REGULAR ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> Regular Adult <i>(Ages 21 & older)</i> \$30* <input type="checkbox"/> Youth with Crisis Magazine <i>(Ages 20 & under)</i> . . . \$15* <input type="checkbox"/> Youth without Crisis Magazine <i>(Ages 17 & under)</i> . \$10 <input type="checkbox"/> Annual Corporate \$5,000* * Includes a 1-year subscription to <i>The CRISIS Magazine</i> ** Fully-paid Life Memberships include a 10-year subscription to <i>The CRISIS Magazine</i> \$6.00 per year of the membership fee will be applied toward your subscription to <i>THE CRISIS</i>	<input type="checkbox"/> Junior Life <i>(Payable in annual installments of \$25 or more)</i> \$100** <i>(Ages 13 & under)</i> ____/____/____ Date of Birth <input type="checkbox"/> Bronze Life <i>(Payable in annual installments of \$50 or more)</i> \$400** <i>(Ages 14-20)</i> ____/____/____ Date of Birth <input type="checkbox"/> Silver Life <i>(Payable in annual installments of \$75 or more)</i> \$750** <input type="checkbox"/> Gold Life <i>(Payable in installments of \$150 or more)</i> \$1,500** <i>Only available to Silver or Regular Life Members</i> <input type="checkbox"/> Diamond Life <i>(Payable in installments of \$250 or more)</i> \$2,500** <i>Only available to Gold or Golden Heritage Life Members</i>

3 PAYMENT

Amount Paid \$ _____ MasterCard VISA American Express Cash
 Credit Card Number _____ Check *(checks and money orders should be made payable to: NAACP)*
 Name as it Appears on Card _____ Expiration Date _____
 Authorized Signature _____ **Or Pay by Credit Card Online at: www.NAACP.org**

THANK YOU FOR YOUR SUPPORT