



THE NATIONAL COALITION OF 100 BLACK WOMEN, INC. HARRISBURG CHAPTER

MEMBERSHIP APPLICATION

(\$25.00 non-refundable application fee is due with submission of application)

Annual full membership dues: \$300 per membership year (non-refundable).
Membership year runs from October 1 – September 30

A brief biography or resume, letter of recommendation and professional photo must be submitted along with completed application. Attachment of a resume is optional and can take the place of the biography.

SECTION I:

Full Name: _____

Home address: _____

City: _____ State: PA Zip: _____

Telephone No. (Primary): _____ Personal Email Address: _____

Employer: _____

Occupation: _____

Education (if applicable): _____ Degree Obtained: _____

Date of birth (Month/Day): _____

Age Group: Under 25 35-44 45-54 55-64 65 and

Have you ever been affiliated with a Chapter of NCBW Inc.? Yes No

If yes, please list:

Chapter Name:

Years Involved:

Positions Held:

SECTION II: MEMBERSHIP INTEREST:

Type of membership you are seeking:

Full (New) Membership

Associate Level Membership

Reinstatement Membership

Transfer Membership

Affiliate Partnership Membership

Please tell us why you like to join the National Coalition of 100 Black Women, Inc. Harrisburg Chapter

(use a separate sheet of paper for answers below if necessary)

What value will you add to the organization?

How will you use utilize your skills and resources to further the advocacy mission of the National Coalition of 100 Black Women Inc., Harrisburg Chapter?

What do you hope to gain from membership with the National Coaliton of 100 Black Women, Inc

List any other professional organizations and affiliations (*Include positions held and committee involvement):

Please list any professional awards you have received:

If applying for affiliate partnership membership, please indicate sponsoring company if any:

Indicate which of the following areas you have expertise:

Event Planning	Leadership Development	Project Management
Fundraising	Civic Engagement/Public Policy	Health
Grant Writing	Auditing	Economic Empowerment
Technology	Diversity & Inclusion	
Finance	Social Services	
Education		

Indicate your committee interest (standing committees are marked with an asterisk) select at least one:

Auditing	*Budget and Finance
*Education	*Economic Empowerment
Membership and Chapter Development	*Health
Fundraising	*Public Policy

Please provide one (1) personal reference: (Name, address and phone number)

Reference Name:

Phone:

Email Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

I acknowledge receipt of the prospective membership information and I fully understand and accept the personal time commitment and financial obligations required to be a member of NCBW Inc. Harrisburg Chapter in good standing.

I understand and acknowledge that the \$25 membership fee is non-refundable in the event that I am granted membership and choose to withdraw my application after submitted. To remain a member in good standing of the Harrisburg chapter, I must pay my annual dues and assessments by the specified due dates and abide by the bylaws of the organization. Additionally, to remain in good standing, I must abide by the requirements to attend Leadership and Biennial Conferences at the local and national level.

Applicant Signature: _____ **Date:** _____

Please submit electronic application along with application fee to:
<https://www.jotform.com/220586581315154>

Check or money order payments can be submitted to:

NCBW Inc. Harrisburg Chapter
PO Box 60244
Harrisburg, PA 17106

(please include name and "2022-23 application fee" in notes section)

For Internal Use, only: Application revised: 2/21/2022

Date application received: _____ Received by: _____ Amount of payment received: _____

Check _____ Bio Received: Yes _____ No _____ Date Bio & Refs. Received _____

Accepted: Yes _____ No _____ Date of decision: _____ Date of notification letter: _____

Membership Chair Signature: _____
Date: _____