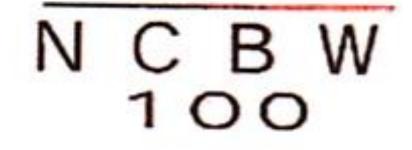
# NATIONAL COALITION OF 100 BLACK WOMEN, INC. Tampa Bay Chapter





## Membership Application

ATTN: Membership Committee NCBW Tampa Bay Chapter P.O. Box 11981 Tampa, FL 33680-1981

## **MEMBERSHIP PROCESS**



We sincerely appreciate your interest in the National Coalition of 100 Black Women, Inc. Tampa Bay Chapter. As part of our application process, we ask that you review each step and complete the required information. Please submit your completed application to our P.O. Box

## **APPLICATION CHECKLIST**

- Membership Application
- Photo/Headshot
- Two References
- Member Endorsement
- Membership Level
- Committee Interest
- □ List of Affiliations, Organizations, Awards, Recognitions
- Statement of Intent
- Statement of Skills and Resources
- □ Signature and Date
- □ Non-refundable Application Fee of \$25
- MEMBERSHIP AND INDUCTION FEES MAY BE PAID IN THREE (3)
   INSTALLMENTS BY CASH, CHECK, CASHIER'S CHECK OR MONEY
   ORDER. BALANCE MUST BE PAID IN FULL BY NEW MEMBER INDUCTION.

Nationa	l Coalition of 100 Bla Tampa Bay Chapter	ack Women, Inc.
	<b>Membership Applica</b>	ation
NAME:	(Please type or print)	
	STATE:	ZIP:
	Cell Phone:	
	EMAIL ADDRESS:	
DOB:          Marital Status: S M W D D         Spouse:		
	College/University:	
CORPORATE MEMBERS	SELECT MEMBERSHIP LEVEL (ONE O YOUNG PROFESSIONAL MEMBERSHIP   HIP TRANSFER MEMBERSHIP REINS TE WHICH OF THE FOLLOWING AREAS YOU G GRANT/PROPOSAL WRITING   OPMENT WEBSITE DEVELOPMENT   INDICATE YOUR COMMITTEE INTER ECONOMIC EMPOWERMENT   PUBLIC PO LEADERSHIP DEVELOPMENT   HEALTH   ORGANIZATIONS AND AFFILIATIONS, AW	ASSOCIATE MEMBERSHIP  STATEMENT MEMBERSHIP  U HAVE EXPERTISE: PUBLIC RELATIONS  GRAPHIC DESIGN  GRAPHIC DESIGN  ENDRAISING  BUDGET & FINANCE

## **MEMBERSHIP INTEREST:**

WHAT DO YOU HOPE TO GAIN AND/OR ACCOMPLISH BY PARTICIPATING WITH THE NATIONAL COALITION OF **100** BLACK WOMEN, INC.?

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

**P**LEASE PROVIDE TWO (2) REFERENCES: NAME, ADDRESS AND PHONE NUMBER (NO RELATIVES)

1. NAME:	PHONE:
Address:	
CITY/STATE/ZIP:	
2. Name:	Рноме:
Address:	
CITY/STATE/ZIP:	
	P INFORMATION AND I FULLY UNDERSTAND AND AND FINANCIAL OBLIGATIONS REQUIRED.
APPLICANT SIGNATURE	DATE
Sponsor:	ENDORSER:
*A Non-refundable fee of \$25.00 mus	t be submitted with the completed application.

### **Classes of Membership, Benefits & Requirements**

#### **NCBW Active Chapter Member**

- Must be a woman at least 25 years of age
- \* Must be a college graduate or has significant career achievements
- \* Must Fulfill financial obligations locally and nationally
- \* Must actively participate in membership meetings, events and committees
- Voting privileges
- Must have Exemplary Conduct
- Must join at least one (1) standing committee

#### **NCBW Young Professional Member**

- Must be between the ages of eighteen (18) and twenty-four (24) years of age
- Must be enrolled in an institution of higher education/or vocational education program
- \* No Voting Privileges
- \* Cannot hold an office
- \* No financial obligations locally or nationally
- **\*** Membership is non-transferable
- Membership is for mentoring purposes only
- Must have Exemplary Conduct

#### NCBW Associate Chapter Member (Current NC100BW Members Only)

- Must support the vision and mission of NCBW
- Must fulfill financial obligations locally and nationally
- Unable to actively participate in regular and/or committee meetings
- Must attend at least one (1) meeting and two (2) NCBW events during the fiscal year
- Voting privileges
- \* Must submit a written request to the Executive Board
- \* Must have Exemplary Conduct

#### **NCBW Corporate Sponsor/Partnership Alliance Member**

- \* Must support the mission and vision of NCBW
- \* May participate in regular meetings, events and committees
- \* No Voting Privileges
- \* Financial obligations are contingent upon company donations
- \* Provides financial resources for meetings and activities
- Must have Exemplary Conduct

#### NCBW Transfer Membership

- \* Must submit a letter of eligibility from former Chapter
- Must fulfill financial obligations locally and nationally
- \* Voting Privileges
- \* Must actively participate in membership meetings, events and committees
- \* Must have Exemplary Conduct
- \* Must join at least one (1) standing committee