



ncnw
commitment | unity | self reliance

Become a Part of the National Council of Negro Women, Inc.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

New Member Renewing Member# _____

Section Name (if applicable): _____

I am joining as a Direct Member, my Affiliate name is _____

Membership Type:

Student \$10 Annual \$50 Associate (men) \$50 Life Membership \$500

Advocate \$75 Leadership Circle \$150

Associate Life \$500 Group Life \$750 Legacy Life \$1,000

Method of Payment:

Check (payable to NCNW) MasterCard VISA Cash

Account #: _____ Expiration Date: _____

Amount \$: _____ Signature: _____

Member Benefits:

- Student \$10 – Sisters Magazine
- Annual Member or Associate Member (men) \$50–Sisters Magazine
- Life Member: Individual Life \$500, Group Life \$750
- Life Members receive a Silver Lapel Pin and Mini Certificate
- Legacy Life \$1,000 – Members receive a Gold Lapel Pin and Mini Certificate

Mail Application to:

633 Pennsylvania Avenue, NW
Attn. Membership Department
Washington, DC 20004