NHBW
National Hook-Up of Black Women, Inc.
Advocates for Women and their Families

Application For Membership

MEMBERSHIP TYPE:

☐ Individual ☐ Associate (Male) ☐ Member-at-Large ☐ Undergraduate ☐ NWI Girls Club

Referred by: ☐ NHBW Sponsor ☐ Other: (specify)

TELL US ABOUT YOU

Name:	Birth Month/Date
Address:	
City	State / Zip
Home Phone:	Cell/Mobile phone:

PREFERRED METHOD OF CONTACT:

☐ US Mail
☐ Fax: _____
☐ Mobile/Cell:_____
☐ Email: _____
☐ Text Message:

WHERE WOULD YOU LIKE TO VOLUNTEER YOUR SKILLS AND TALENTS? *(SELECT YOUR TOP 3)*

☐ Bylaws
☐ Membership
☐ Program & Event Planning
☐ Arts & Culture
☐ Education
☐ Fundraising
☐ Website Maintenance
☐ Scholarships
☐ Ritual of Sisterhood
☐ Health Initiatives
☐ Other (Specify)

WHAT ARE YOUR GOALS AS AN NHBW MEMBER? *(Prioritize.)*

EMPLOYMENT INFORMATION

Current Employer/School:	How long?
Employer Address:	City/State/Zip
Position/Major:	Office phone: / Office email/fax (if preferred for contact):

POLITICAL OR PROFESSIONAL AFFILIATION (OPTIONAL)

CHECK OUT

REFER A FRIEND!

Name		
Address		
Phone	Home	Cell/Mobile

Complete, sign, and mail with check or money and full annual dues of $ _____ to: NATIONAL HOOK-UP OF BLACK WOMEN, INC., P. O. Box 14226, Merrillville, IN 46411. Make dues payable to the NATIONAL HOOK UP OF BLACK WOMEN.

Our Member Services Coordinator will contact you. For more information, call us at 219.427-9009 or by email at membership@nhbw-indiana.com or visit NHBW on the web at www.nhbw-indiana.com.

I PLEDGE *to fully commit and pledge to faithfully support and uphold the mission and goals of the organization and actively contribute my time and talents to programs, events, and initiatives of the organization.*

Signature: Date: