



NHBW



**National Hook-Up of
Black Women, Inc.**

Advocates for Women and Their Families

Application FOR MEMBERSHIP

"Improving the lives of families through arts, culture, health, education, and human service programs"

MEMBERSHIP TYPE: Individual Associate Membership Date: _____

TELL US ABOUT YOU

Name: _____ Birth Month/Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Mobile phone: _____

PREFERRED METHOD OF CONTACT: Mobile/Cell: _____
 US Mail Email: _____
 Fax: _____ Home: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Website Maintenance |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Program & Event Planning | <input type="checkbox"/> Ritual of Sisterhood |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Health Initiatives |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Fundraising | |

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

YOUR SKILLS

- | | |
|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> _____ |

CHECK OUT

REFER A FRIEND!

Name: _____

Address: _____

Phone: Home _____ Cell/Mobile _____

Complete, sign, and mail with check or money and full annual dues of \$ 75.00 to: NATIONAL HOOK-UP OF BLACK WOMEN NORTH CENTRAL TEXAS CHAPTER., 550 N. CENTRAL EXPRESSWAY, SUITE 218, MCKINNEY, TEXAS 75070
 Make dues payable to the NATIONAL HOOK UP OF BLACK WOMEN.

Our Member Chair or Recruiter will contact you. For more information, call us at 469-287-6833, by email at Colletta Pierce at piercealbert3@aol.com or visit our website at www.nhbwtexas.org.

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: _____