

100 BLACK MEN OF STAMFORD, INC.
MEMBERSHIP APPLICATION
(Please print all information)

Date: ___/___/___

NAME: _____ SS# _____

BIRTHDAY: ___/___/___ SPOUSE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP+4: _____

HOME PHONE: ___-___-___ FAX: ___-___-___ MOBILE: ___-___-___

EMAIL: _____

COMPANY NAME: _____

BUSINESS ADDRESS: P.O. BOX # _____

CITY/STATE/ZIP+4: _____

BUSINESS PHONE: ___-___-___ FAX: ___-___-___

EMAIL: _____

JOB TITLE/OCCUPATION: _____

(if retired, list last occupation or profession)

COMMUNITY / PROFESSIONAL AFFILIATIONS:

TALENTS:

HOBBIES/LEISURE ACTIVITIES:

SPONSORING MEMBERS: 1. & 2.

PRIOR CHAPTER AFFILIATION

Year Joined Founding Member Executive Board _____

SPECIAL SKILLS: Fund Raising /Computers /Marketing _____

Writing/Editing Programs _____

OTHER 100 BLACK MEN ACTIVITIES:

COMMITTEE ASSIGNMENT(S) AND YEAR(S)

REFERENCES

Name: _____

Address: _____

Telephone: _____

Relationship: _____

AUTHORIZATIONS

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information on this form is sufficient cause for disqualification from further consideration for membership or may result in expulsion from this Chapter. I further agree to abide by the By-Laws of this Chapter and will conduct myself in a professional and responsible manner in all of my activities associated with this Chapter.

I understand that all information on this application is subject to verification and I consent to criminal history background checks. I further agree to pay a non-refundable fee for processing the background check. I also provide consent for reference checking. All information on this application will be treated as confidential and will be used solely for the purpose of determining eligibility for membership in the 100

Black Men of Stamford, Inc.

APPLICANT'S SIGNATURE: _____ DATE: _____

RECEIVED BY (MEMBER'S NAME): _____ DATE: _____

APPLICATION FEE RECEIVED (YES/NO): _____ AMOUNT: _____ DATE: _____

BACKGROUND CHECK INITIATED (YES/NO): _____ DATE: _____

BACKGROUND CHECK RECEIVED (YES/NO): _____ DATE: _____

MEETS REQUIREMENTS (YES/NO): _____ DATE: _____

APPROVED BY BOARD: (YES/NO) _____ DATE: _____

APPROVED BY MEMBERSHIP (YES/NO): _____ DATE: _____

COMMITTEE(S) ASSIGNED: _____