



**National Council of Negro Women, Inc.
San Diego Section
P.O. Box 740332
San Diego, CA 92174-0032**

Membership Form

PERSONAL INFORMATION – Please Print

New Member: ___ Renewing Member: ___

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Alt. Email: _____

Phone: _____ Alt Phone: _____

Date of Birth: ____/____/19____

Occupation: _____

DUES INFORMATION

NATIONAL

SECTION

I. Student Membership \$10.00 ___
Associate Membership \$30.00 (Men) ___
Annual \$30.00
Partner \$50.00
Advocate \$75.00
Leadership Circle \$150

II. All Levels \$20.00 ___

I. NATIONAL DUE PAID: _____ II. SECTION DUES PD: _____

DATE PAID: _____ DATE PAID: _____

PAYMENT METHOD

Cash: _____ **Check No: _____

** You must submit two checks, one for your national dues and one for your local dues.
You cannot be a member of a local section without being a national member.

Please Mail to:
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San Diego Section
P.O. Box 740332
San Diego, CA 92174-0032