



**APPLICATION
NATIONAL COUNCIL OF NEGRO WOMEN
Indianapolis Section**

MEMBERSHIP APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ Fax: _____

Cell: _____ Email: _____

Birthdate: _____ Church Affiliation _____

Talents, Skills, Hobbies etc. _____

Enclosed is my \$25.00 (Life Members or Section Dues) or
Enclosed is my \$55.00 (new members only) Check: _____ Cash: _____

Please write two (2) separate checks.

Please send membership dues to:

**National Council of Negro Women, Inc.
Indianapolis Section
Attn: Membership Chair
P.O. Box 945
Indianapolis, IN 46206-0945**

General Dues = \$30 National / \$25 Section

Please write two (2) separate checks. (new members only) Life
Dues = \$25 Section

I would like to:

- _____ Join as a NEW Member
- _____ RENEW my Membership
- _____ RENEW my Life Membership
- _____ YOUTH Membership (\$10)
(grades 6-12) request a youth form