



MEMBERSHIP APPLICATION

**NATIONAL COUNCIL OF NEGRO WOMEN, INC.
Indianapolis Section**

www.ncnwindysection.net

DATE _____

Name _____

Address _____

City _____ State _____ ZipCode _____

Telephone (H) _____ (C) _____ Date of Birth _____

E-mail address _____

Affiliates _____

**Please send membership dues to: NCNW Indianapolis Section
ATTN: MEMBERSHIP
P. O. Box 2895
Indianapolis IN 46206**

- I would like to:**
- Join as a NEW member (\$85.00)**
 - Renew my annual Section membership (\$85.00)**
 - Join as a Life member (\$500.00)**
 - Pay Life member Section membership (\$35.00)**

My Talents / Skills / Hobbies are:
