

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
First Middle Last

### Personal Information

\_\_\_\_\_  
Mailing Address (Include mail stop, suite, apt. #, room #, etc.)

\_\_\_\_\_  
City State Zip

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone (Include Area Code) Work Phone (Include Area Code)

\_\_\_\_\_  
Email (We do not sell or rent email addresses.)

### Annual Membership Dues (select one)

- Student : **\$20**
- Individual: **\$60**
- Family (Couple): **\$110**
- Individual + Resource Directory: **\$120**
- Family( 3- 5 persons): **\$150**

### Method of Payment

- Check Payable to African Diaspora Council, Inc.
- Cash

Signature: \_\_\_\_\_ Date: \_\_\_\_\_