

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: _____