



Become a part of the National Council of Negro Women!

Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

New Member _____ Renewing _____

Section or Affiliate Name (if applicable): _____

I am joining as a Direct member, my Affiliate name is _____

Membership Type:

Student \$10 _____ Annual \$30 _____ Associate (men) \$30 _____ Partner \$50 _____

Advocate \$75 _____ Leadership Circle \$150 _____ Life Membership \$500 _____

Associate Life \$500 _____ Group Life \$750 _____ Legacy Life \$1,000 _____

Method of Payment:

Check (payable to NCNW) _____ MasterCard _____ VISA _____

Account #: _____ Expiration Date: _____

Amount \$: _____ Signature: _____

Member Benefits

Student \$10 – Newsletter	Advocate \$75 – Benefits of Partner plus a hardcover copy of <i>Open Wide the Freedom Gates</i> by Dr. Dorothy I. Height
Annual Member \$30 – Newsletter	
Associate Member (men) \$30 – Newsletter	Leadership Circle \$150 – Benefits of Partner plus a signed hardcover copy of <i>Open Wide the Freedom Gates</i> by Dr. Dorothy I. Height, honors at the NCNW National Convention, invitations to exclusive events, DVD: <i>Life and Surprising Times</i> of Dr. Dorothy Height
Partner \$50 – Newsletter, annual recognition in the newsletter, recognition in the Uncommon Height Awards Program Book	
Life Membership: Individual Life–\$500, Group Life–\$750, Legacy Life –\$1,000 – All Individual and Group Life Members receive an engraved silver card; Legacy Life – gold card.	