Instructions on completing the PDF membership form:

Click your left mouse in the form field you wish to complete. A cursor will appear and the information can be typed into the proper field. If there is a check-box, simply hit the space bar to place a check in the field.

Use the tab key or mouse to navigate to the next field.

Make sure you use the proper form for each membership type. Some pages may be blank.

Information that remains the same on every page, such as name of Secretary, date, etc., will only need to be typed once and it will be automatically duplicated on subsequent pages. Please save form to your computer to fill out.

Printing the PDF membership form:

Once the membership form has been completed, go to the File menu and choose the Print menu.

Indicate the range of pages you wish to print to avoid printing blank pages. You may need to perform this function several times depending on the kinds of memberships your Branch receives in any given report period.

Retain a printed copy for Branch records, and submit a copy to National with your membership share. (You will not be able to save the file with the completed info using Acrobat Reader.)

Instructions to Branch Secretaries

- 1. The Branch Constitution (Article V, Sec. 4) requires that all Memberships be reported to the National Office within fifteen days after their receipt in the Branch. It is the duty of the Branch Secretary to see that this is done.
- 2. All membership reports, whether they contain one (1) membership for one hundred (100), must be made on the regular report forms furnished by the National Office. Do not report memberships in letters or on other types of stationery.
- 3. The effective date recorded will be the assigned effective date to all members remitted on the reporting form.
- Complete names and addresses must be given for all members. IMPORTANT: TO REPORT CHANGE OF ADDRESS PLEASE CHECK THE BOX PROVIDED IN ADDRESS COLUMN.

Please include E-mail addresses and telephone numbers when possible.

- 5. Do not abbreviate names of cities and streets.
- 6. See that zip codes are indicated for all addresses in your reports.
- 7. Keep a record of **Membership Numbers** obtained from memberships sent to the Branch. Transcribe the number to the membership report for each renewal for easier tracking.

- 9. After completing the membership report form and receiving the check from the treasurer, make a photocopy of all reports and checks for accurate records and future concerns.
- 10. During the various membership campaigns, send a report at least once a week or every fifteen days. Do not wait until the campaign is over to make your reports.
- 11. When a member complains of failure to get the *Crisis*, send in the name and address of that member and the date of the report in which the membership was remitted to the Membership Department here at the National Office.
- 12. There are no Mr. & Mrs. Memberships to the NAACP, each membership must be listed individually.
- 13. Make an exact copy of every Membership Report sent to the National Office. Keep report copies in a loose-leaf notebook, a binder, or on the computer in chronological order.

NAACP Membership Dues Sharing Formula with Codes							
Membership Type Amount Paid To Unit To National Code							
Regular	\$30.00	\$11.90	\$18.10	R			
Youth w/Crisis	\$15.00	\$4.80	\$10.20	T			
Youth w/o Crisis	\$10.00	\$3.00	\$7.00	U			

Instructions for Completing Life Membership Report Forms

- 1. Name. Enter full name of individual member, business or organization. If space is not sufficient to enter the entire name of a business or organization, please abbreviate where possible.
- 2. Address. Indicate address where membership information, the *Crisis* magazine, and ultimately where the plaque will be shipped. If there are special instructions, attach separate correspondence. Complete, legible names of cities and streets are required. No abbreviations!
 IMPORTANT: TO REPORT CHANGE OF ADDRESS PLEASE CHECK THE BOX PROVIDED IN ADDRESS COLUMN.

Please include E-mail addresses and telephone numbers when possible.

3. Paid By Member. Enter payment made by member in box marked (A).
PLEASE NOTE: The minimum annual life membership payment should be - Junior Life \$25.00; Teen Life (Old Rate) \$50.00; Life Membership (Old Rate) \$50.00; Silver Life \$75.00;

Golden Heritage (Old Rate) \$100.00; Gold Life \$150.00 and

- **4. Unit Portion.** Enter the appropriate share retained by the
- **5. Amount Remitted to National.** Enter the appropriate payment made to National in box marked \bigcirc .

Diamond Life \$250.00.

Branch in box marked (B).

6. Prior Payments By Member. Enter total <u>Prior</u> Payments made by member in box marked (D).

7. Membership Number. If reporting a "renewal" subscribing payment, enter the membership number found on membership card.

NAACP M	embership D	Oues Sharing	Formula Wi	th Codes	
Membership Type	Payment Plan	Amount Paid	To Unit	To Nat'l	Code
Junior Life	Full	\$100.00	\$40.00	\$60.00	K
(Ages 13 and under)	4 Years	\$25.00	\$10.00	\$15.00	L
Teen Life	Full	\$250.00	\$100.00	\$150.00	Y
(Ages 14 to 20) (old rate)	5 Years	\$50.00	\$20.00	\$30.00	Z
Bronze Life	Full	\$400.00	\$160.00	\$240.00	0
(Ages 14 to 20)	5 Years	\$80.00	\$32.00	\$48.00	1
Life Membership	Full	\$500.00	\$200.00	\$300.00	G
(old rate)	5 Years	\$100.00	\$40.00	\$60.00	Н
	10 Years	\$50.00	\$20.00	\$30.00	Н
Silver Life	Full	\$750.00	\$300.00	\$450.00	3
	5 Years	\$150.00	\$60.00	\$90.00	4
	10 Years	\$75.00	\$30.00	\$45.00	4
Golden Heritage	Full	\$1000.00	\$400.00	\$600.00	A
(old rate)	5 Years	\$200.00	\$80.00	\$120.00	В
	10 Years	\$100.00	\$40.00	\$60.00	В
Gold Life	Full	\$1500.00	\$600.00	\$900.00	5
	5 Years	\$300.00	\$120.00	\$180.00	6
	10 Years	\$150.00	\$60.00	\$90.00	6
Diamond Life	Full	\$2500.00	\$1000.00	\$1500.00	7
	5 Years	\$500.00	\$200.00	\$300.00	8
	10 Years	\$250.00	\$100.00	\$150.00	8

NAACP Membership Dues Sharing Formula with Codes

Membership Type	Amount Paid	To Unit	To National	Code
Regular	\$30.00	\$11.90	\$18.10	R
Youth w/Crisis	\$15.00	\$4.80	\$10.20	Т
Youth w/o Crisis	\$10.00	\$3.00	\$7.00	U

Membership	Payment	Amount	To	To	Code
Type	Plan	Paid	Unit	Nat'l	
Junior Life	Full	\$100.00	\$40.00	\$60.00	K
(Ages 13 and under)	4 Years	\$25.00	\$10.00	\$15.00	L
Bronze Life	Full	\$400.00	\$160.00	\$240.00	0
(Ages 14 to 20)	5 Years	\$80.00	\$32.00	\$48.00	
Silver Life	Full	\$750.00	\$300.00	\$450.00	3
	5 Years	\$150.00	\$60.00	\$90.00	4
	10 Years	\$75.00	\$30.00	\$45.00	4
Gold Life	Full	\$1500.00	\$600.00	\$900.00	5
	5 Years	\$300.00	\$120.00	\$180.00	6
	10 Years	\$150.00	\$60.00	\$90.00	6
Diamond Life	Full	\$2500.00	\$1000.00	\$1500.00	7
	5 Years	\$500.00	\$200.00	\$300.00	8
	10 Years	\$250.00	\$100.00	\$150.00	8



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

4805 Mt. Hope Drive • Baltimore, Maryland 21215-3297 (410) 358-8900

MEMBERSHIP SUMMARY REPORT

Unit Address (City, State, Zip)

Effective Date	

MEMBERSHIP TYPE	TOTAL MEMBERSHIPS	TOTAL AMOUNT	RETAINED BY UNIT	REMITTED TO NAT'L OFFICE
ADULT (AGES 21 & OVER)				
YOUTH W/O CRISIS (AGES 17 & UNDER)				
YOUTH W/CRISIS (AGES 20 & UNDER)				
JUNIOR LIFE (AGES 13 & UNDER)				
BRONZE LIFE (AGES 14 TO 20)				
SILVER LIFE				
GOLD LIFE				
DIAMOND LIFE				
ANNUAL CORPORATE				
TOTAL				
Name of Unit Secretary (Please print)			Phone	
Address of Secretary	Ci	ity	()	State Zip
Unit Secretary's Signature			E-mail Address	



ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No	

Name of Unit Address (City, State, Zip)					Effective Date	
			T	T		L W L L W L
	NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
		Check if new address				#
1.			\$ 30.00	\$ 11.90	\$ 18.10	
			ψ 30.00	ψ 11.70	ψ 10.10	
Telephone No.		E-mail:				
		Check if new address				#
2.			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail: Check if new address				#
						,
3.			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail:				
relephone ivo.		Check if new address				#
4.			Φ 20 00	φ.11.00	Φ 10 10	
			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail:				
		Check if new address				#
5.			\$ 30.00	\$ 11.90	\$ 18.10	
			Ψ 50.00	Ψ 11.70	Ψ 10.10	
Telephone No.	Name of the Control	E-mail:		mom:-:		
Amount remitted herewith	Name of Unit Secretary (TOTALS		I
\$	Unit Secretary's Signatur	re				
Rev. 11/15]		<u> </u>



ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No	

Name of Unit Unit Address (City, State, Zip)					Effective Date	
	NAME.	WWW ADDDDGG (V. 1.1.7% G. 1.)	Paid By	То	To National	Membership Number
	NAME	FULL ADDRESS (Include Zip Code)	Member	Unit	Office	
		Check if new address]			#
6.			\$ 30.00	\$ 11.90	\$ 18.10	
			7 2 3 3 3	7	7 - 31 - 3	
Telephone No.		E-mail:				
		Check if new address				#
7.		_	\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail:	7			
		Check if new address	J			#
8.			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail: Check if new address	1			#
		Cneck II new address	J			<u>π</u>
9.		_	\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail: Check if new address	ה			<u> </u> #
		Circle ii iicv addicss	4			"
10.		_	\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No. Amount remitted	Nome of Unit Country	E-mail:		TOTAL C		
Amount remitted herewith	Name of Unit Secretary (TOTALS		
\$	Unit Secretary's Signatur	re]			
Rev. 11/15				<u> </u>	<u> </u>	<u> </u>



ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No.	

Name of Unit Unit Address (City, State, Zip)					Effective Date	
				T		Membership Number
N	JAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
		Check if new address				#
11.						
11.		-	\$ 30.00	\$ 11.90	\$ 18.10	
T. 1						
Telephone No.		E-mail: Check if new address				#
						"
12.			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E-mail:				
		Check if new address				#
13.			\$ 30.00	\$ 11.90	\$ 18.10	
			\$ 30.00	\$ 11.90	\$ 16.10	
Telephone No.		E-mail:				
•		Check if new address				#
14.						
			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No.		E				
relephone No.		E-mail: Check if new address				#
15.			\$ 30.00	\$ 11.90	\$ 18.10	
Telephone No. Amount remitted Name of Unit Secretary (E-mail:		mom 4 t 2		
Amount remitted herewith	mount remitted Name of Unit Secretary (Please print) rewith			TOTALS		
\$	Unit Secretary's Signatur	e				
Rev. 11/15						



Unit Address (City, State, Zip)

YOUTH MEMBERSHIP W/O CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page of	
Unit No.	
(Please fill in Unit No.)	

Effective Date

Only Available to Individuals Ages 17 and Under

					n. i n	m.	TD: NI-41I	Membership Number
I	NAME		FULL ADDRESS (Include Zip Code)		Paid By Member	To Unit	To National Office	Weinbership (umber
			Chec	ck if new address				#
1.								
1.		_			\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:						
			Chec	ck if new address				#
2								
2.		_			\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:	Chec	ck if new address				#
				and a new address				"
3.		_			\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:						
			Chec	ek if new address				#
4.					\$ 10.00	\$ 3.00	\$ 7.00	
					\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:						
•			Chec	ck if new address				#
5.								
<u>5.</u>		_			\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No. Amount remitted Name of Unit Secretary (A		E-mail: Please print)				TOTALS		
herewith						TOTALS		
\$	Unit Secretary's Signatur	·e						
Rev. 11/15								



Unit Address (City, State, Zip)

YOUTH MEMBERSHIP W/O CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No.	

(Please fill in Unit No.)

Effective Date

Only Available to Individuals Ages 17 and Under

	NAME	F	ULL ADDRESS (Include Zip Code)		Paid By Member	To Unit	To National Office	Membership Number
				Check if new address				#
6.					\$ 10.00	\$ 3.00	\$ 7.00	
					·	·		
Telephone No.		E-mail:						
				Check if new address				#
_								
7.					\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:						
				Check if new address				#
8.								
<u>o.</u>					\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:						
				Check if new address				#
9.								
·					\$ 10.00	\$ 3.00	\$ 7.00	
Telephone No.		E-mail:		_				TI.
				Check if new address				#
10.					¢ 10.00	¢ 2.00	¢ 7.00	
				_	\$ 10.00	\$ 3.00	\$ 7.00	
Talanhana N-		E						
Telephone No. Amount remitted Name of Unit Secretary (P		E-mail:				TOTALS		
herewith	issue of ome secretary (1	<i>p. ••••</i> /		•		TOTALS		
\$	Unit Secretary's Signature	,						
Pay 11/15	1							



Unit Address (City, State, Zip)

YOUTH MEMBERSHIP WITH CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No	

(Please fill in Unit No.)

Effective Date

Only Available to Individuals Ages 20 and Under

	NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
		Check if new address	Member	Unit	Office	#
1.			\$ 15.00	\$ 4.80	\$ 10.20	
Telephone No.		E-mail:				
		Check if new address				#
2.			¢ 15 00	¢ 4 00	¢ 10 20	
			\$ 15.00	\$ 4.80	\$ 10.20	
Telephone No.		E-mail:				
Telephone Ivo.		Check if new address				#
-						
3.			\$ 15.00	\$ 4.80	\$ 10.20	
Telephone No.		E-mail:				
		Check if new address				#
4.			\$ 15.00	\$ 4.80	\$ 10.20	
			Ψ 13.00	ψ 4.00	ψ 10.20	
Telephone No.		E-mail:				
_		Check if new address				#
5.						
			\$ 15.00	\$ 4.80	\$ 10.20	
T-lhN-						
Telephone No. Amount remitted	Name of Unit Secretary (F	E-mail: Please print)		TOTALS		
herewith						
\$	Unit Secretary's Signature					
Rev. 11/15						



YOUTH MEMBERSHIP WITH CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page of	
Unit No.	
(Please fill in Unit No.)	

Only Available to Individuals Ages 20 and Under

Name of Unit		Unit Address (City, State, Zip)		Effective Date			
	NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number	
		Check if new address [#	
6.			- \$ 15.00	\$ 4.80	\$ 10.20		
			Ψ 13.00	Ψ 1.00	ψ 10.20		
Telephone No.		E-mail: Check if new address				 #	
		Check II new address ["	
7.			\$ 15.00	\$ 4.80	\$ 10.20		
Telephone No.		E-mail:					
		Check if new address [#	
8.			\$ 15.00	\$ 4.80	\$ 10.20		
Telephone No.		E-mail: Check if new address	<u> </u> 			<u> </u> #	
9.							
<i>y.</i>			- \$ 15.00	\$ 4.80	\$ 10.20		
Telephone No.		E-mail:					
		Check if new address				#	
10.			\$ 15.00	\$ 4.80	\$ 10.20		
m. 1 37							
Telephone No. Amount remitted	Name of Unit Secretary	E-mail: (Please print)		TOTALS			
herewith	Unit Secretary's Signatu	re	-				
\$ Rev. 11/15							



JUNIOR LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No.	

(Please fill in Unit No.)

ONLY AVAILABLE TO INDIVIDUALS AGES 13 & UNDER. Unit Address (City, State, Zip) Effective Date

	NAME	FULL ADDRESS (Include Zip Code)		Paid By	То	60% To National	Membership N	umber
	NAME	FULL ADDRESS (Include Zip Code)		Member	Unit	Office		
			Check if new address	\$ 25.00	\$ 10.00	Ψ 10.00	#	
				\$ 100.00	\$ 40.00	\$ 60.00		
1.				A	В	C		
				\$	\$	\$		
T 1 1 N		F		D \$	Prior pa	yments		
Telephone No.		E-mail:				member	,,	
			Check if new address	\$ 25.00	\$ 10.00		#	
2					\$ 40.00	\$ 60.00		
2.				A ○\$	B ○\$	O\$		
				D	Prior pa	yments		
Telephone No.		E-mail:		\$		member		
			Check if new address	\$ 25.00	\$ 10.00		#	
				\$ 100.00	\$ 40.00	\$ 60.00		
3.				A c	B	C		
				O \$	\cap \\$	\circ\\$		
Telephone No.				Prior pays made by n		yments		
relephone No.		E-mail:			-		"	
			Check if new address	\$ 25.00 \$ 100.00	\$ 10.00 \$ 40.00	\$ 15.00 \$ 60.00	#	
4.				A 100.00	В 40.00	\$ 00.00 C		
4.				\$	\$	\$		
				D				
Telephone No.		E-mail:		\$	Prior pa made by	yments member		
			Check if new address	\$ 25.00	\$ 10.00		#	
					\$ 40.00	\$ 60.00		
5.			_	A	В	С		
				\$	○\$	\$		
				D	Prior pa	yments		
Telephone No.		E-mail:		\$	made by	member		
Amount remitted herewith	Name of Unit Secretary (P	Please print)			TOTALS			
ner ewith	** ** G							
\$	Unit Secretary's Signature							
•								



BRONZE LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Pag	ge _	01	
Unit No.			

(Please fill in Unit No.)

Effective Date

ONLY AVAILABLE TO INDIVIDUALS AGES 14 TO 20.

Unit Address (City, State, Zip)

	NAME	FULL ADDRESS (Include Zip Code)		Paid By Member	To Unit	60% To National Office	Mem	nbership Number
			Check if new address	\$ 80.00 \$ 400.00	\$ 32.00 \$ 160.00	\$ 48.00 \$ 240.00	#	
1.				(A)	® \$	© \$		
Telephone No.		E-mail:		\$	Prior pa made by	member		
2			Check if new address	\$ 80.00 \$ 400.00	\$ 32.00 \$ 160.00	\$ 240.00	#	
2.				(A) \$ D	® \$	\$		
Telephone No.		E-mail:		\$	-	member	ш	
3.			Check if new address	\$ 80.00 \$ 400.00	\$ 32.00 \$ 160.00	\$ 48.00 \$ 240.00	#	
<u>. </u>				\$ D	® \$	\$		
Telephone No.		E-mail:		\$	_	member	,,	
4			Check if new address	\$ 80.00 \$ 400.00	\$ 32.00 \$ 160.00	\$ 240.00	#	
4.				S	® \$	\$		
Telephone No.		E-mail:		\$	-	member	,,	
5			Check if new address	\$ 80.00 \$ 400.00	\$ 32.00 \$ 160.00	\$ 240.00	#	
5.				(A)	® \$	\$		
Telephone No.		E-mail:		\$		yments member		
Amount remitted herewith	Name of Unit Secretary (F				TOTALS			
\$	Unit Secretary's Signature							
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Rev. 11/15

SILVER LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No	

Name of Unit U		Unit Address (City, State, Zip)				Effective Date	fective Date		
	NAME	FULL ADDRESS (Include Zip Code)		Paid By Member	To Unit	60% To National Office	Membership Number		
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00		#		
1.				(A)	® \$	© \$			
Telephone No.		E-mail:		D \$	Prior pa made by	yments member			
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 450.00	#		
2.				(A) \$	B	© \$			
Telephone No.		E-mail:		\$		member			
2			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 450.00	# 		
3.				(A) (S)	B	© \$			
Telephone No.		E-mail:		\$ 77.00		member	ш		
4			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 450.00	#		
4.				(A) (S) (D)	\$	\$			
Telephone No.		E-mail:		\$	•	member	,		
_			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 450.00	#		
5.				(A) (S)	B	© \$			
Telephone No.		E-mail:		\$	_	yments member			
Amount remitted herewith	Name of Unit Secretary (I				TOTALS				
\$	Unit Secretary's Signature								



Rev. 11/15

SILVER LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	e of
Unit No.	

Name of Unit		Unit Address (City, State, Zip)				Effective Date	
				Paid By	То	60% To	Membership Number
ľ	NAME	FULL ADDRESS (Include Zip Code)		Member	Unit	National Office	_
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	#
6.				(A)	B	© \$	
Telephone No.		E-mail:		D \$	Prior pa made by	yments member	
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	#
7.				(A)	(B)	© \$	
Telephone No.		E-mail:		\$	Prior pa made by	yments member	
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	#
8.				(A) (B \$	© \$	
Telephone No.		E-mail:		\$	Prior pa made by	yments member	
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	#
9.				(A)	(B)	© \$	
Telephone No.		E-mail:		\$	Prior pa made by	yments member	
			Check if new address	\$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	#
10.				(A) \$	(B)	© \$	
Telephone No.		E-mail:		D \$	Prior pa made by	yments member	
Amount remitted	Name of Unit Secretary (F				TOTALS		
herewith							
\$	Unit Secretary's Signature						



GOLD LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	01	
Init No.		

(Please fill in Unit No.)

ONLY AVAILABLE TO FULLY PAID LIFE (\$500) OR SILVER LIFE MEMBERS Unit Address (City, State, Zip) Effective Date

						1		
N	IAME	FULL ADDRESS (Include Zip Code)		Paid By Member	To Unit	60% To National Office	Membership	Number
			Check if new address	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#	
1.				A ○\$	B ○\$	c ○\$		
Telephone No.		E-mail:		\$	Prior pa made by	yments member		
			Check if new address	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#	
2.				A ○\$	B ○\$	c ○\$		
Telephone No.		E-mail:		D \$	Prior pa made by	yments member		
			Check if new address	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#	
3.				A ○\$	B ○\$	c ○\$		
Telephone No.		E-mail:		\$	Prior pa made by	yments member		
			Check if new address	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#	
4.				A ○\$	B ○\$	c ○\$		
Telephone No.		E-mail:		\$	Prior pa made by	yments member		
			Check if new address	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#	
5.				A ○\$	B ○\$	c ○\$		
Telephone No.		E-mail:		\$	Prior pa made by	yments member		
Amount remitted nerewith	Name of Unit Secretary (P	lease print)			TOTALS			
\$	Unit Secretary's Signature			1				
				-				



DIAMOND LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	10
Unit No.	

(Please fill in Unit No.)

Effective Date

ONLY AVAILABLE TO FULLY PAID GOLDEN HERITAGE OR GOLD LIFE MEMBERS

Unit Address (City, State, Zip)

		Γ		D-: 4 D-:	Tr	60% To	Membership Number
NAM	TE .	FULL ADDRESS (Include Zip Code)		Paid By Member	To Unit	National Office	Membership Muniber
			Check if new address	\$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	#
1.				A	B ○\$	c ○\$	
Telephone No.		E-mail:		D \$	Prior pa made by	yments member	
			Check if new address	\$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	#
2.				A ○\$	B ○\$	c ○\$	
Telephone No.		E-mail:		D \$	Prior pay made by	yments member	
			Check if new address	\$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	#
3.				A ○\$	B ○\$	c ○\$	
Telephone No.		E-mail:		D \$	Prior pa made by	member	
			Check if new address	\$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	#
4.				A ○\$	B ○\$	c ○\$	
Telephone No.		E-mail:		\$	Prior pay made by	yments member	
			Check if new address	\$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	#
5.				A ○\$	B ○\$	c ○\$	
Telephone No.		E-mail:		D \$	Prior pa made by		
Amount remitted nerewith	Name of Unit Secretary (Pa	lease print)			TOTALS		-
\$	Unit Secretary's Signature						
	ı						



ANNUAL CORPORATE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page	of
Unit No.	

Name of Unit		Unit Address (City, State, Zip)			Effective Date	
		Ple	ease circle each ar	mount pertaining	to the new meml	oer
Ŋ	NAME	FULL ADDRESS (Include Zip Code)	Paid By Corporation	To Unit	60% To National Office	Membership Number
		Check if new address				#
1.			\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.		E-mail:				
		Check if new address				#
2.			\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.		E-mail:				
		Check if new address				#
3.			\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.		E-mail:				
		Check if new address				#
4.			\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.		E-mail:				
		Check if new address				#
5.			\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.		E-mail:				
Amount remitted herewith	Name of Unit Secretary (P	lease print)		TOTALS		
\$	Unit Secretary's Signature					