



Broward County Business and Professional Women's Network

The National Association of Negro Business and Professional Women's Clubs, Inc.



MEMBERSHIP APPLICATION

Please type or print: If more space is required, submit as an attachment include applicant's name on each page

Club Name:			District:		Date:	
Type:	<input type="checkbox"/> Adult (21+)	<input type="checkbox"/> Young Adult (18-35) <small>[Must belong to Young Adult Club]</small>	<input type="checkbox"/> Member-at-Large		<input type="checkbox"/> Associate	<input type="checkbox"/> Corporate
Category:	<input type="checkbox"/> Professional	<input type="checkbox"/> Business: Owner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Status:	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Name:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last:	First:	Middle:	DOB:	
Home Address:			City:	State:	Zip Code:	
Telephone:	This is: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		E-Mail Address:			
Name of Employer/Business:				Telephone:		
Work Address:	City:		State:	Zip:		
Occupation/Title:						
Certifications:						
Have you ever been a member of NANBPWC, Inc.?			<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates:	

Education (Please indicate highest level of education obtained):

School Attended:	City, State:
Degree/Major:	
Diploma:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Completed:	

Organizational Affiliations:

Name:	City:	Office Held:
Name:	City:	Office Held:
List special skills or interests:		
Sponsor	Sponsor's Club	

References:

Name	Address	Telephone
Name	Address	Telephone

Attach Resume and Copy of Degree(s), Licenses and Certification where not prohibited by law.

Signatures:

Applicant:		Date
Acceptance:	Local President/Membership Chair	Date
Approval:	Governor/Vice Governor:	Date

Club Instructions: After receiving signature of District Governor, submit original application package, New Member Roster, Adult Department Dues Transmittal, and Check for New Member Joining fees to National Office.

Send a copy of the new member application package to the National Director of Membership.

Office Use:	Joining Fees Received:	Date	Amount	\$
	Posted to Database:		Member Packet Sent:	