The National Association of
Negro Business and Professional Women's Clubs Inc.
1806 New Hampshire Ave. NW ◊Washington, DC20009-3206 ◊ 202-483-4206 ◊ 202-462-7253 (fax)
E-mail: officemanager@nanbpwc.org ◊ Website: http://www.nanbpwc.org

Adult Membership Application

Select Category:

☐ Young Adult 18-35	☐ Adult 36-61	☐ Senior 62+	☐ Member-At-Large

Name: Last First Middle MM/DD/YYYY

DOB:

Name of Club:

District:

Home Address:

City

State

Zip

Email:

Primary Phone:

Secondary Phone:

Occupation:

☐ Business Owner

☐ Professional (Non Business Owner)

☐ Retired

☐ Active

Certifications:

Business or Employer Name:

Address: City State Phone

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

Applicant Interests:

List Special Skills or interests:

Sponsor Information:

Sponsor's Name:

Sponsor's Club:

Phone:

Sponsor's Email:

Leadership, Civic, & Professional Affiliations:

Include board service, sororities, nonprofit, social, and community organizations.

Name	City, State	Years Active	Roles/Offices Held

Additional Organizational Affiliations may be sent as an attachment.

Military & Veteran Affiliation:

NANBPWC, Inc. proudly recognizes the leadership and service of military members and veterans within our sisterhood.

Branch	☐ Currently Serving (Active Duty)	☐ Veteran	Years of service
	☐ Currently Serving (Reserve/National Guard)	☐ Retired Veteran	

☐ Immediate family member currently serving or veteran

References:

Please provide two (2) individuals (professional, community, academic, or leadership-based) who can speak to your reliability and character:

Name:	Relationship:	Phone:	Email:

Membership Certification & Commitment:

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

I understand that submission of false or misleading information may result in denial of membership.

I understand that, if accepted, membership in NANBPWC, Inc., requires active participation, committee engagement, and financial responsibility, including the timely payment of dues and assessments.

I agree to uphold the mission, values, bylaws, and policies of NANBPWC, Inc., and to conduct myself in a manner that reflects integrity, professionalism, and respect for the sisterhood.

Printed Name

Signature Date

Local Club Instructions: After submission to District Director of Membership, and application is signed by Governor, submit application, fees, and all supplemental documents (resume, certification(s), degree(s), etc, to National Office: officemanager@nanbpwc.org **and Membership:** membership@nanbpwc.org

Subject Line: (YOUR DISTRICT)-(YOUR CLUB NAME), Membership Application(s)
ie: NED-New Haven, Membership Application(s)

SIGNATURES:

Local Club President Date

District Director of Membership Date

District Governor Date