

NEW JERSEY BLACK ISSUES CONVENTION
ORGANIZATION MEMBERSHIP APPLICATION
PO BOX 1843
NEWAR, NJ 07101
973-824-7463

NAME OF ORGANIZATION: _____

ORGANIZATION CONTACT INFORMATION:

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER (DAY): _____ (EVENING) _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

ORGANIZATION'S OFFICERS AND MEMBERSHIP INFORMATION:

PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

TOTAL NUMBER OF ORGANIZATION MEMBERS: _____

HOW MANY CHAPERS COMPRISE YOUR ORGANIZATION: _____

IN WHICH COUNTIES ARE YOUR AFFILIATES LOCATED? _____

IS YOUR ORGANIZATION AFFILIATED WITH ANY STATEWIDE CONSORTIUM? _____ IF SO,
PLEASE LIST THE ORGANIZATIONS: _____

EXPLAIN WHY YOUR ORGANIZATION IS INTERESTED IN BECOMING A MEMBER OF THE NEW JERSEY
BLACK ISSUES CONVENTION. A) INDICATE HOW YOUR ORGANIZATION CAN CONTRIBUTE TO THE
MISSION OF NJBIC; B) WHAT TYPE OF STATEWIDE PROJECTS HAS YOUR ORGANIZATION UNDERTAKEN?

WHAT TYPE OF STATEWIDE PROJECTS/ISSUES DOES YOUR ORGANIZATION RECOMMEND NJBIC UNDERTAKE IN THE FUTURE? _____

DESIGNATED NJBIC REPRESENTATIVE: _____

ALTERNATE NJBIC REPRESENTATIVE: _____

SIGNATURE OF THE ORGANIZATION'S PRESIDENT: _____

Note: Your application must be accompanied with a check or money order in the amount of \$150.00 made payable to New Jersey Black Issues Convention (NJBIC) in order to be considered for membership in NJBIC. Please return the application and the membership fee to New Jersey Black Issues Convention, PO Box 1843, Newark, NJ 07101.

Please do not write below this line

The following information must be completed by the 2nd Vice-Chairman of NJBIC.

Application fee enclosed. Type of payment: _____

Decision the Board of Directors: _____

Signed by: _____

Date: _____

Signed by: _____

Date: _____

Comments: _____