



Join the FIGHT FOR FREEDOM DURING OUR MEMBERSHIP CAMPAIGN

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of freedom burning bright!

1 MEMBER INFORMATION (please print clearly)

Mr. Mrs. Ms. Miss Other _____ Date _____

First Name _____ M.I. _____ Last Name _____

Address _____ Apt./Suite _____

City _____ State _____ Zip _____

Unit Affiliation _____ Current Membership No. (if renewal) _____

Phone No. _____ Email Address _____

Are You A Registered Voter? Yes No Solicitor's Name _____

Campaign _____

2 MEMBERSHIP TYPE (please check one)

REGULAR ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> Regular Adult (Ages 21 & older)\$30*	<input type="checkbox"/> Junior Life (Payable in annual installments of \$25 or more)\$100** (Ages 13 & under) ____/____/____ Date of Birth
<input type="checkbox"/> Youth with Crisis Magazine (Ages 20 & under) ...\$15*	<input type="checkbox"/> Bronze Life (Payable in annual installments of \$50 or more) ...\$400** (Ages 14-20) ____/____/____ Date of Birth
<input type="checkbox"/> Youth without Crisis Magazine (Ages 17 & under) \$10	<input type="checkbox"/> Silver Life (Payable in annual installments of \$75 or more)\$750**
<input type="checkbox"/> Annual Corporate\$5,000*	<input type="checkbox"/> Gold Life (Payable in installments of \$150 or more)\$1,500** Only available to Silver or Regular Life Members
* Includes a 1-year subscription to The CRISIS Magazine	<input type="checkbox"/> Diamond Life (Payable in installments of \$250 or more)\$2,500** Only available to Gold or Golden Heritage Life Members
** Fully-paid Life Memberships include a 10-year subscription to The CRISIS Magazine	
\$6.00 per year of the membership fee will be applied toward your subscription to THE CRISIS	

3 PAYMENT

Amount Paid \$ _____ MasterCard VISA American Express Cash

Credit Card Number _____ Check (checks and money orders should be made payable to: NAACP)

Name as it Appears on Card _____ Expiration Date _____

Authorized Signature _____ Or Pay by Credit Card Online at: www.NAACP.org

THANK YOU FOR YOUR SUPPORT

Please mail your completed application to:

NAACP Unit 6219
P.O. Box 5796
San Angelo, TX 76902