



OF PHOENIX, Inc.

**BIOGRAPHICAL INFORMATION
AND APPLICATION FOR MEMBERSHIP**

PLEASE PRINT ALL INFORMATION

1. Name: _____
Last Name First Middle Initial

2. E-Mail Address: _____

3. Home address: _____

City State Zip

4. Home Phone: _____ Cell: _____

5. Work Status: Full Time Part Time Retired Other _____

6. Place of Employment: _____

7. Position/Title: _____

8. Business Address: _____

9. Business Zip: _____ Business Phone: _____

10. Send all correspondence to: Home Business (Please check only one)

11. **EDUCATIONAL BACKGROUND**

High School: _____ City: _____

College: _____ State: _____

Degree: [] Yes [] No Number of Years: _____

Vocational/Technical: _____

Other: _____

12. Have you ever been a member of the 100 Black Men of America Inc. [] Yes [] No

If yes, what City and Chapter: _____

Did you leave in Good Standing? [] Yes [] No

REFERENCES:

1. Name: _____ Phone: _____

Position of Employment: _____

2. Name: _____ Phone: _____

Position of Employment: _____

13. Civic and Social Organizations

a. _____ Position: _____

b. _____ Position: _____

c. _____ Position: _____

14. Hobbies/Leisure Activities: _____

15. Are you being sponsored/recommended by a current member of the 100 [] Yes [] NO

Name of Member: _____

16. Why are you interested in becoming a member of the 100 BLACK MEN OF PHOENIX, Inc. ? _____

17. What special skills do you offer? Please check all that apply of areas of expertise

- Accounting Energy/Utilities Legislative Lobbying Advocacy Labor
- Environmental Concerns Mgmt/Bus. Administra. Banking/Investments
- Public Relations Radio/TV Journalism/Press Releases Education
- Creative Writing Grant Writing Computer Info. Systems Fund Raising
- Marketing Media Fine Arts/Entertainment Real Estate Government
- Facilities Management Commercial Sales/Service Medical/Health Services
- Community Devel./Sys Consulting Counseling Social Services
- Law/Criminal Justice Training & Development Human Resources/Personnel
- Parliamentary Procedures Research/Evaluation Other, Please specify

18. Do you know of a Company or Corporation that may Sponsor or Partner one of the 100 Mentoring Program? Yes No

Name: _____

Do you know of a contact at this Company or Corporation? YES NO

19. The Company or Corporation that you work for, do you feel that they would Sponsor or Partner with the 100 ?
 YES NO

20. THE 100 BLACK MEN OF AMERICA Inc. "FOUR FOR THE FUTURE" PROGRAM AREAS (Indicate areas of Interest)

21. MENTORING EDUCATION HEALTH AND WELLNESS ECONOMIC DEVELOPMENT

OTHER: _____

22. Best Time for you to attend 100 Meetings

Next Best Time

Day of the Week: _____

Day of the Week: _____

Time of Day: Early Morning

Noon

Afternoon

Evenings

Saturday Time: _____

Early Morning

Noon

Afternoon

Evenings

I UNDERSTAND AND AGREE THAT A FINGERPRINT AND BACKGROUND CHECK MUST BE OBTAINED AND PASSED BEFORE APPROVAL FOR MEMBERSHIP; UPON APPROVAL, THE MEMBERSHIP FEE OF \$350.00 WILL BE DUE AT THAT TIME.

THIS FORM WILL NOT BE CONSIDERED COMPLETE WITHOUT SIGNATURE BELOW

By signing this application form, I _____, hereby authorize and
(print full name)

consent to THE 100 BLACK MEN OF PHOENIX, Inc. to conduct a criminal and /or civil background check on me for the duration of my volunteering/membership for this organization.

_____ Date: _____ Applicant Signature:

PLEASE RETURN APPLICATION TO MEMBERSHIP COMMITTEE MEMBER

JOHN (J.B.) APPLING

P.O. BOX 12345

CHANDLER, AZ. 85248-0023

DO NOT MARK BELOW

OFFICE OF THE 100 BLACK MEN OF PHOENIX Inc.

Committee Evaluation/Comments: _____

- **AREA ASSIGNED:** _____

MEMBERSHIP COMMITTEE SIGNATURE: _____