



**APPLICATION FOR MEMBERSHIP
BIOGRAPHICAL INFORMATION**

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: _____ 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. Administration. [] 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

Early Morning

Noon

Noon

Afternoon

Afternoon

Evenings

Evenings

Saturday Time: _____

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.

Applicant Signature: _____ Date: _____

PLEASE RETURN APPLICATION TO MEMBERSHIP CHAIR

ODELL JOSHUA

1928 E. HIGHLAND AVE (SUITE F104-419)

PHOENIX, AZ. 85016-4626

DO NOT MARK BELOW

OFFICE OF THE 100 BLACK MEN OF PHOENIX Inc.

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Committee Evaluation/Comments: _____

- **AREA OF ASSIGNMENT:**

MEMBER SHIP COMMITTEE SIGNATURE: _____