



**BLACKS IN GOVERNMENT**  
**Department of Labor Chapter**  
**Post Office Box 2223**  
**Washington, DC 20013-2223**

APPLICATION FOR FINANCIAL MEMBERSHIP

I wish to become a financial contributor to BLACKS IN GOVERNMENT (BIG) and, therefore, submit herewith the following National and BIG Department of Labor Chapter (BIG-DOL) dues:

( ) **REGULAR MEMBERSHIP - \$60:** Full payment for National dues of \$35 and BIG-DOL dues of \$25 both for a 12-month period for a **Government Employee/ Retiree**

( ) **LIFE MEMBERSHIP - \$350:** Full payment for National Life Membership dues of \$325 and BIG-DOL dues of \$25 for a 12-month period (Only chapter dues are paid yearly thereafter.)

( ) **GOLD PLUS MEMBERSHIP - \$250:** Full payment for Gold Plus Membership dues. The criteria for Gold Plus Membership is the person must currently be a Life member.

( ) **ASSOCIATE MEMBERSHIP - \$50:** Full payment for National dues of \$25 and BIG-DOL dues of \$25 both for a 12-month period for a person who is **not a Government Employee/ Retiree**

( ) **CHAPTER DUES ONLY - \$25:** (For Life or Gold Plus members and others who have paid their annual National dues): Full payment of BIG-DOL dues for a 12-month period

( ) **LIFE MEMBERSHIP INSTALLMENTS:** \$325 for National Life Membership dues with **minimum installments of at least \$25.** The \$325 total must to be paid within a 12-month period. Annual Regular or Associate Membership dues must be current while paying installments; annual membership dues do not count toward the \$325 total.

***Make checks or money orders payable to "BIG-DOL".***

***Submit application and payment to  
Lisa J. Hawkins***

***BIG-DOL Membership Committee Chairperson  
Postal Square Building, Room 3655; or mail items to the chapter mailing address.***

***Direct membership questions to Ms. Hawkins at  
(202) 691-6920; [Hawkins.Lisa@dol.gov](mailto:Hawkins.Lisa@dol.gov)***

***Dues and contributions are tax deductible.***

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**Name** \_\_\_\_\_ **Amount Submitted \$** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Tel Nos. Home:** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Room No.** \_\_\_\_\_ **Bldg.** \_\_\_\_\_

**E-mail addresses: PERSONAL** \_\_\_\_\_ **WORK** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_