

MEMBERSHIP APPLICATION



FOR OFFICE USE ONLY

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**NEW KEMET HARAMBE CHAPTER of
BLACKS IN GOVERNMENT**

P.O. Box 2732
Chicago, IL. 60690
(312) 886-0981

Name _____ Home Phone _____
Last First Initial Area Code Number

Home Address _____ Bus. Phone _____
Street Area Code Number

City _____ State _____ Zip Code _____ E-Mail: _____

Employed by _____
Department Agency (Spell Out)

Business Address _____
Street City State Zip Code

Federal State Local Govt. (identify) _____

Type of Membership: New Renewal -Membership Number _____

Member Name of Chapter _____

Associate Member Region _____

Life Member

New Kemet Harambe regular membership dues are \$50.00 annually. Of this amount, \$35 is for National dues, \$5 is for Regional dues and \$10 is retained by the Chapter. Dues for Associate members are \$15 annually. Eligibility for chapter membership is contingent upon National Membership. Life Membership fee is \$300.00.

Signature _____ Date _____

CHANGE OF ADDRESS FORM

Name _____

Old Address _____
City State Zip Code

New Address _____
City State Zip Code

Old Phone Number _____ New Phone Number _____