North Carolina
Black Leadership Caucus

CHECK TYPE OF MEMBERSHIP:

____	**REGULAR**	**$ 15 ANNUAL or $ 30 BI-ANNUAL**
____	**LIFE MEMBERSHIP**	**$150**
____	**DONATION**	**$_____**

MEMBER PROFILE:

FIRST NAME **M.I.** **LAST NAME**

MAILING ADDRESS

CITY **STATE** **ZIP+4**

COUNTY OF RESIDENCE **NC HOUSE DISTRICT** **NC SENATE DISTRICT**

CONGRESSIONAL DISTRICT **ARE YOU A REGISTER VOTER? YES , NO, CAN'T VOTE**

EMAIL ADDRESS

HOME TELEPHONE **ALT. TELEPHONE** **BEST TIME TO CALL**

For future organizing purposes, please list civic, social, professional, political and religious organizations including churches that you belong. Please include the location of churches, etc.

Please mail membership form along with check or money order to:

Walter Rogers, NCBLC Membership Chair
9061 Carver School Road
Laurel Hill, North Carolina 28351

Organizational Notes: _____ **REGULAR MEMBER -** **Dues Expire** _____/_____/20_____

_____ **LIFETIME MEMBER** **SINCE** _____/_____/20_____

CHECK/MONEY ORDER GIVEN TO: _____ **on** _____/_____/20_____

DATE RECEIVED by Membership Chair _____/_____/20_____

DATE ENTERED IN DATABASE _____/_____/20_____ **(INITIALS** _____**)**

(RECEIPT # _____**)**