

Western Pennsylvania

Chapter



MEMBER DATA FORM

(PLEASE PRINT / TYPE)

NAME: _____ , _____
(Last) (First) (MI)

HOME ADDRESS:

(Street Address / P. O. Box)

(City) (State) (Zip)

HOME PHONE: (_____) _____

BUSINESS ADDRESS:

(Street Address / P. O. Box)

(City) (State) (Zip)

BUSINESS PHONE: (_____) _____

Present Employer:

Type of Firm / Organization: _____

Title: _____

Please send all my 100 Black Men of America, Inc.[®] correspondence to me at my:

CHECK ONE:

_____ HOME ADDRESS

_____ BUSINESS ADDRESS

PERSONAL:

Date of Birth: _____
(Month) (Day) (Year)

Number of Children: _____ Spouse Name: _____

Interest / Hobbies: _____

Church Name: _____ Denomination: _____

EDUCATION:

College Graduate? Yes ___ No ___ Name of College / University: _____

Degree Earned: _____ Year: _____

Graduate Degree? Yes ___ No ___ Name of College / University: _____

Degree Earned: _____ Year: _____

ELECTED / APPOINTED OFFICIAL? Yes ___ No ___

Position: _____

Year Elected / Appointed: _____

Current Term Ends: _____

CIVIC / COMMUNITY OFFICIAL ? Yes ___ No ___

Position: _____

Year Elected / Appointed: _____

Current Term Ends: _____

BOARD MEMBERSHIP? Yes ___ No ___

Name of Board _____

Year Appointed: _____

Current Term Ends: _____

ORGANIZATIONAL MEMBERSHIP? Yes ___ No ___

Name of Organization: _____