

New Afrikan Independence Party



Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Community _____ Neighborhood _____

Telephone: (____) _____ Email: _____

Facebook: _____ Twitter: _____

Are you a student? (Check one): yes___ no___ Organizational Affiliation: _____

Are you a registered voter? (Check one): yes_____ no_____

Check all that interest you:

ELECTION CAMPAIGNS: _____

VOTER EDUCATION & REGISTRATION: _____

AFFORDABLE HOUSING: _____

COMMUNITY-DEFENSE: _____

NAIP NEWSLETTER: _____

ENDING POLICE BRUTALITY: _____

'FREEDOM GARDEN': _____

WORKERS JUSTICE AND RIGHTS: _____

'LIBERATION SCHOOL': _____

POLITICAL PRISONERS: _____

COMMUNITY-VIOLENCE: _____

WAR ON DRUGS: _____

MASS INCARCERATION: _____

ECONOMIC DEVELOPMENT: _____

REPARATIONS: _____

MEMBERSHIP DUES: five-dollars (\$5.00) per month or sixty-dollars (\$60.00) per year

MAKE YOUR SELECTION BELOW *

I WILL PAY NOW _____

I WILL PAY LATER _____

DATE: _____