100 BLACK MEN

OF AMERICA, INC.

What They See Is What They'll Be ®

West Alabama Chapter

MEMBER DATA FORM

PLEASE PRINT OR TYPE

NAME:		
Last	First	MI
HOME ADDRESS:		
	Street Address/P.O. Box	
City	State	Zip
HOME PHONE: ()	E-Mail Address:	
BUSINESS ADDRESS:		
Stro	eet Address/P.O. Box	
City	State	Zip
BUSINESS PHONE: ()		
E-MAIL ADDRESS:		
PRESENT EMPLOYMENT:		
TYPE OF BUSINESS:		
TITLE/POSITION:		

PERSONAL DATE OF BIRTH: ____ Month Day Year NO. OF CHILDREN: _____ SPOUSE'S NAME: ____ **INTERESTS/HOBBIES:** CHURCH/DENOMINATION: **EDUCATION** COLLEGE GRADUATE? YES____ NO____ DEGREE EARNED/YEAR _____ NAME OF COLLEGE/UNIVERSITY: GRADUATE DEGREE? YES____ NO____ DEGREE EARNED/YEAR _____ NAME OF COLLEGE/UNIVERSITY: ELECTED / APPOINTED OFFICIAL? YES _____ NO____ POSITION: YEAR ELECTED / APPOINTED: _____ CURRENT TERM ENDS: _____ BOARD MEMBERSHIP? YES__ NO ___ YEAR APPOINTED: ____ NAME OF BOARD:

CURRENT TERM ENDS:_____

ORGANIZATIONAL MEMBERSHIP? YES NO
NAME OF ORGANIZATION(S)
SPONSORED? YES NO
<u>BY</u> :
(NAME OF WEST ALABAMA MEMBER)
HAVE YOU EVER BEEN CONVICTED FOR A FELONY? YES NO
If YES, please provide explanation:
22 2 2 2 3, promote province expansions
SIGNATURE:
BY MY SIGNATURE BELOW, I ATTEST THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE:
(Applicant's Signature)

Please include resume or vita with the submission of application.