**THE NATIONAL ORGANIZATION OF BLACK WOMEN**

**IN LAW ENFORCEMENT, INC.**

**MEMBERSHIP APPLICATION**

*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_\_\_\_*

*AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_\_\_\_*

*HOME TEL#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUS TEL. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_ RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CURRENT ASSIGNMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SPECIAL SKILLS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:*

*( ) REGULAR MEMBERSHIP $50*

*( ) ASSOCIATE MEMBERSHIP $40*

*( ) CORPORATE SPONSOR $200*

*ARE YOU RENEWING YOUR CURRENT MEMBERSHIP: \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO*

*OTHER AFFILIATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I WISH TO ASSIST WITH THE DUTIES OF THE COMMITTEE(S) CHECKED BELOW:*

*( ) MEMBERSHIP*

*( ) COMMUNITY SERVICE/ADOPTED SCHOOL*

*( ) PUBLICITY*

*( ) SOCIAL*

*( ) EDUCATION AND TRAINING*

*SPONSORED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Sponsor (Sponsor’s signature required only if applying for Associate Membership)*

*DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applications should be forwarded with money order or check to: The National Organization of Black Women in Law Enforcement, Inc., NOBWLE National, P. O. Box 14, Sunderland, MD 20689*