



NAACP®

**IT'S NOT A MOMENT,
IT'S A MOVEMENT.**

THE MOVEMENT NEEDS YOU.

Join this multigenerational network of activists fighting for social justice, dismantling structural racism and advancing racial equity.

JOIN OR RENEW ONLINE AT NAACP.ORG

MEMBERSHIP TYPE (Please Print Clearly)

New Member Renewal Membership If renewal, member ID# _____ Gift Membership

Do you wish to affiliate with your local NAACP Unit? Yes No Unit Name/ Number (if known) _____

ANNUAL

<input type="checkbox"/> Regular Adult (Ages 21 & Older)	- \$30
<input type="checkbox"/> Youth (Ages 20 & Under)	- \$10
<input type="checkbox"/> Women In The NAACP Membership (Only available to active members)	- \$10
<input type="checkbox"/> Corporate	- \$5000

LIFETIME

<input type="checkbox"/> Junior Life (Ages 13 & under) (Payable in annual installments of \$25 or more)	- \$100
<input type="checkbox"/> Bronze Life (Ages 14-20) (Payable in annual installments of \$50 or more)	- \$400
<input type="checkbox"/> Silver Life (Payable in annual installments of \$75 or more)	- \$750
<input type="checkbox"/> Gold Life (Only available to Silver or Regular Life Members) (Payable in installments of \$150 or more)	- \$1,500
<input type="checkbox"/> Diamond Life (Only available to Gold or Golden Heritage Life Members) (Payable in installments of \$250 or more)	- \$2,500

PAYMENT (Please Print Clearly)

Amount Paid \$ _____ Check (Checks and money orders should be made payable to NAACP) Cash

Credit Card Name _____ Card No. _____ Exp. Date _____ CVV _____

Signature _____

MEMBER INFORMATION

(Please Print Clearly)

First Name

Last Name

Home E-mail

Area Code

Phone Number

Street Address

State

City

Street Address Line 2

Zip Code

Date of Application

Are You A Register Voter? Yes No

Do you wish to affiliate with your local NAACP Unit? Yes No Unit Name/ Number (if known)

MEMBER INFORMATION

(Member receipt. Please keep for your records.)

First Name

Last Name

Membership Type

Amount Paid

Payment Method: Check Check No.

Cash/ Money Order Campaign

UNIT INFORMATION

Solicitor's First Name

Solicitor's Last Name

Unit Name & Unit No.

Unit E-mail

Area Code

Unit Phone Number