

**BLACK MEN OF AKRON, INC**  
**MEMBERSHIP APPLICATION**

**APPLICATION PROCESS**

Attend a general membership meeting to obtain a general overview of the organization.

Complete this application in its entirety. Please print or type in the information.

Submit your application with your membership payment to the select committee chairman.

You will be advised of the selection committee's decision within thirty days of the submission of your application.

**MEMBERSHIP APPLICATION**

Name

\_\_\_\_\_

Last

First

MI

Home Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_

Cell/Alt Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Address \_\_\_\_\_

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City

State

Zip

Business Phone: \_\_\_\_\_

Present Employer \_\_\_\_\_

Title \_\_\_\_\_

Type of Firm/Organization \_\_\_\_\_

**PERSONAL:**

Date of Birth: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Spouse: \_\_\_\_\_

Interest/Hobbies: \_\_\_\_\_

Church Name: \_\_\_\_\_

**EDUCATION:**

College Graduate: Yes \_\_\_ No \_\_\_

Name of College/University: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Graduate Degree: Yes \_\_\_ No \_\_\_

Name of College/University: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

**ELECTED/APPOINTED OFFICIAL:**

Position: \_\_\_\_\_

Year Elected/Appointed: \_\_\_\_\_ Current Term Ends: \_\_\_\_\_

**CIVIC/COMMUNITY OFFICIAL:** Yes \_\_\_\_\_ No \_\_\_\_\_

Position: \_\_\_\_\_

Year Elected/Appointed: \_\_\_\_\_ Current Term Ends: \_\_\_\_\_

**BOARD MEMBERSHIP:** Yes \_\_\_\_\_ No \_\_\_\_\_

List current Boards and Position: \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONAL MEMBERSHIP:** Yes \_\_\_\_ No \_\_\_\_\_

Name of Organization(s): \_\_\_\_\_

\_\_\_\_\_

**REGISTERED VOTER:** Yes \_\_\_\_\_ No \_\_\_\_\_

A “no” does not exclude you from becoming a member. However, you must become a registered voter to become a member of the organization.

**Due to the variety of activities that the organization may participate in and be associated with, a background check is conducted on every individual seeking membership. The chapter retains the right to reject the application of any prospective member who may create a negative image for the chapter or who has been convicted of a felony in the past. If this happens to be your case, a member of the selection committee will contact you regarding this concern. Future indiscretions may also be cause for expulsion from the organization.**

Please describe in 100 words or less why you want to become a member and how you can contribute to the 100 BLACK MEN OF AKRON, INC.

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Applicant's Signature

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Date

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Referring Member's Signature

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Date

**Thank you for your interest in The 100 Black Men of Akron, Inc.**

**“What They See Is What They’ll Be”®**

100

**BLACK MEN OF AKRON, INC**

