



**PRINCE GEORGE'S COUNTY SECTION
NATIONAL COUNCIL OF NEGRO WOMEN, INC.
P.O. BOX 47373
DISTRICT HEIGHTS, MARYLAND 20753**

MEMBERSHIP APPLICATION

PROGRAM YEAR _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ FAX: _____

Date of Birth: Month _____ Day _____

Type of Membership: **NEW** _____ **LIFE** _____ **ANNUAL** _____

AFFILIATE _____ **ASSOCIATE** _____ **STUDENT** _____

Dues Paid: **Local Section - \$30.00** Check # _____ MO # _____ Cash _____

National - \$30.00 Check # _____ MO # _____ Cash _____

Committee (s) _____