



JOIN US TODAY!

PRINCE GEORGE'S COUNTY SECTION

NATIONAL COUNCIL OF NEGRO WOMEN, INC.

Local and National members of the National Council of Negro Women, Inc. represent women of different ages, economic and social backgrounds. This is where you can explore opportunities and realize your potential with the help of a positive, supportive network of sisters. If you are interested in continuing the National Council of Negro Women's efforts in strengthening our communities and would like to become a member of the Prince George's County Section, please Join Us Today!

DUES

With payment of annual dues, you will receive a Monthly Newsletter from the Prince George's County Section, NCNW, Inc.

MEMBERSHIP

(Beginning October 1, 2017)

Annual dues (Prince George's County Section) - \$80.00. Payments should be made in two separate transactions (checks or money orders) -- \$30.00 payable to PGC Section, NCNW, Inc. and \$50.00 payable to NCNW, Inc.

OTHER TYPES OF MEMBERSHIPS

Associate Member - \$80.00 (\$30.00 payable to PGC Section, NCNW, Inc. and \$50.00 payable to NCNW, Inc.). Non-voting, individual men who support the purposes and programs of the Section.

Student - \$20.00 (\$10.00 payable to PGC Section, NCNW, Inc. and \$10.00 payable to NCNW, Inc.). Members 18 years and older who attend colleges/universities.

Youth - \$7.00 (\$2.00 payable to PGC Section, NCNW, Inc. and \$5.00 payable to NCNW, Inc.). Non-voting members between the ages of 12-17 years old.

Life Members - \$500.00 payable to NCNW, Inc. Life members do not pay annual National dues, but will continue to pay annual Section dues (\$30.00).

Please mail your checks/money orders together with a completed Application Form to:

**Prince George's County Section
National Council of Negro Women, Incorporated
P.O. Box 47373
District Heights, MD 20753**

The Membership Application attached must be downloaded and printed.



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

MEMBERSHIP APPLICATION

PROGRAM YEAR BEGINNING OCTOBER 1, 2017

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 - \$50.00 Check # _____ MO # _____ Cash _____

Committee (s) _____