

Instructions on completing the PDF membership form:

Click your left mouse in the form field you wish to complete. A cursor will appear and the information can be typed into the proper field. If there is a check-box, simply hit the space bar to place a check in the field.

Use the tab key or mouse to navigate to the next field.

Make sure you use the proper form for each membership type. Some pages may be blank.

Information that remains the same on every page, such as name of Secretary, date, etc., will only need to be typed once and it will be automatically duplicated on subsequent pages. Please save form to your computer to fill out.

Printing the PDF membership form:

Once the membership form has been completed, go to the File menu and choose the Print menu.

Indicate the range of pages you wish to print to avoid printing blank pages. You may need to perform this function several times depending on the kinds of memberships your Branch receives in any given report period.

Retain a printed copy for Branch records, and submit a copy to National with your membership share. (You will not be able to save the file with the completed info using Acrobat Reader.)

Instructions to Branch Secretaries

1. The Branch Constitution (Article V, Sec. 4) requires that all Memberships be reported to the National Office within fifteen days after their receipt in the Branch. It is the duty of the Branch Secretary to see that this is done.
2. All membership reports, whether they contain one (1) membership for one hundred (100), must be made on the regular report forms furnished by the National Office. Do not report memberships in letters or on other types of stationery.
3. The effective date recorded will be the assigned effective date to all members remitted on the reporting form.
4. Complete names and addresses must be given for all members. **IMPORTANT: TO REPORT CHANGE OF ADDRESS PLEASE CHECK THE BOX PROVIDED IN ADDRESS COLUMN.**

Please include E-mail addresses and telephone numbers when possible.
5. Do not abbreviate names of cities and streets.
6. See that zip codes are indicated for all addresses in your reports.
7. Keep a record of **Membership Numbers** obtained from memberships sent to the Branch. Transcribe the number to the membership report for each renewal for easier tracking.
9. After completing the membership report form and receiving the check from the treasurer, make a photocopy of all reports and checks for accurate records and future concerns.
10. During the various membership campaigns, send a report at least once a week or every fifteen days. Do not wait until the campaign is over to make your reports.
11. When a member complains of failure to get the *Crisis*, send in the name and address of that member and the date of the report in which the membership was remitted to the Membership Department here at the National Office.
12. There are no Mr. & Mrs. Memberships to the NAACP, each membership must be listed individually.
13. Make an exact copy of every Membership Report sent to the National Office. Keep report copies in a loose-leaf notebook, a binder, or on the computer in chronological order.

NAACP Membership Dues Sharing Formula with Codes				
Membership Type	Amount Paid	To Unit	To National	Code
Regular	\$30.00	\$11.90	\$18.10	R
Youth w/Crisis	\$15.00	\$4.80	\$10.20	T
Youth w/o Crisis	\$10.00	\$3.00	\$7.00	U

Instructions for Completing Life Membership Report Forms

1. Name. Enter full name of individual member, business or organization. If space is not sufficient to enter the entire name of a business or organization, please abbreviate where possible.

2. Address. Indicate address where membership information, the *Crisis* magazine, and ultimately where the plaque will be shipped. If there are special instructions, attach separate correspondence. Complete, legible names of cities and streets are required. No abbreviations!

IMPORTANT: TO REPORT CHANGE OF ADDRESS PLEASE CHECK THE BOX PROVIDED IN ADDRESS COLUMN.

Please include E-mail addresses and telephone numbers when possible.

3. Paid By Member. Enter payment made by member in box marked **(A)**.

PLEASE NOTE: The minimum annual life membership payment should be - Junior Life \$25.00; Teen Life (Old Rate) \$50.00; Life Membership (Old Rate) \$50.00; Silver Life \$75.00; Golden Heritage (Old Rate) \$100.00; Gold Life \$150.00 and Diamond Life \$250.00.

4. Unit Portion. Enter the appropriate share retained by the Branch in box marked **(B)**.

5. Amount Remitted to National. Enter the appropriate payment made to National in box marked **(C)**.

6. Prior Payments By Member. Enter total Prior Payments made by member in box marked **(D)**.

7. Membership Number. If reporting a "renewal" subscribing payment, enter the membership number found on membership card.

NAACP Membership Dues Sharing Formula With Codes					
Membership Type	Payment Plan	Amount Paid	To Unit	To Nat'l	Code
Junior Life (Ages 13 and under)	Full	\$100.00	\$40.00	\$60.00	K
	4 Years	\$25.00	\$10.00	\$15.00	L
Teen Life (Ages 14 to 20) (old rate)	Full	\$250.00	\$100.00	\$150.00	Y
	5 Years	\$50.00	\$20.00	\$30.00	Z
Bronze Life (Ages 14 to 20)	Full	\$400.00	\$160.00	\$240.00	0
	5 Years	\$80.00	\$32.00	\$48.00	1
Life Membership (old rate)	Full	\$500.00	\$200.00	\$300.00	G
	5 Years	\$100.00	\$40.00	\$60.00	H
	10 Years	\$50.00	\$20.00	\$30.00	H
Silver Life	Full	\$750.00	\$300.00	\$450.00	3
	5 Years	\$150.00	\$60.00	\$90.00	4
	10 Years	\$75.00	\$30.00	\$45.00	4
Golden Heritage (old rate)	Full	\$1000.00	\$400.00	\$600.00	A
	5 Years	\$200.00	\$80.00	\$120.00	B
	10 Years	\$100.00	\$40.00	\$60.00	B
Gold Life	Full	\$1500.00	\$600.00	\$900.00	5
	5 Years	\$300.00	\$120.00	\$180.00	6
	10 Years	\$150.00	\$60.00	\$90.00	6
Diamond Life	Full	\$2500.00	\$1000.00	\$1500.00	7
	5 Years	\$500.00	\$200.00	\$300.00	8
	10 Years	\$250.00	\$100.00	\$150.00	8

NAACP Membership Dues Sharing Formula with Codes

Membership Type	Amount Paid	To Unit	To National	Code
Regular	\$30.00	\$11.90	\$18.10	R
Youth w/Crisis	\$15.00	\$4.80	\$10.20	T
Youth w/o Crisis	\$10.00	\$3.00	\$7.00	U

Membership Type	Payment Plan	Amount Paid	To Unit	To Nat'l	Code
Junior Life (Ages 13 and under)	Full	\$100.00	\$40.00	\$60.00	K
	4 Years	\$25.00	\$10.00	\$15.00	L
Bronze Life (Ages 14 to 20)	Full	\$400.00	\$160.00	\$240.00	0
	5 Years	\$80.00	\$32.00	\$48.00	1
Silver Life	Full	\$750.00	\$300.00	\$450.00	3
	5 Years	\$150.00	\$60.00	\$90.00	4
	10 Years	\$75.00	\$30.00	\$45.00	4
Gold Life	Full	\$1500.00	\$600.00	\$900.00	5
	5 Years	\$300.00	\$120.00	\$180.00	6
	10 Years	\$150.00	\$60.00	\$90.00	6
Diamond Life	Full	\$2500.00	\$1000.00	\$1500.00	7
	5 Years	\$500.00	\$200.00	\$300.00	8
	10 Years	\$250.00	\$100.00	\$150.00	8



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

4805 Mt. Hope Drive • Baltimore, Maryland 21215-3297

(410) 358-8900

MEMBERSHIP SUMMARY REPORT

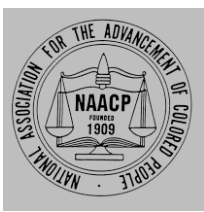
Effective Date

Effective Date

Name of Unit	Unit Address (City, State, Zip)
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MEMBERSHIP TYPE	TOTAL MEMBERSHIPS	TOTAL AMOUNT	RETAINED BY UNIT	REMITTED TO NAT'L OFFICE
ADULT (AGES 21 & OVER)				
YOUTH W/O CRISIS (AGES 17 & UNDER)				
YOUTH W/CRISIS (AGES 20 & UNDER)				
JUNIOR LIFE (AGES 13 & UNDER)				
BRONZE LIFE (AGES 14 TO 20)				
SILVER LIFE				
GOLD LIFE				
DIAMOND LIFE				
ANNUAL CORPORATE				
TOTAL				

Name of Unit Secretary <i>(Please print)</i>	Phone ()		
Address of Secretary	City	State	Zip
Unit Secretary's Signature	E-mail Address		



ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

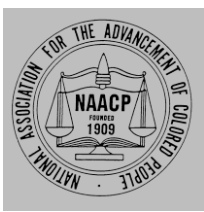
Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
1. _____	_____ <input type="checkbox"/> Check if new address	\$ 30.00	\$ 11.90	\$ 18.10	# _____
Telephone No. _____	E-mail: _____				
2. _____	_____ <input type="checkbox"/> Check if new address	\$ 30.00	\$ 11.90	\$ 18.10	# _____
Telephone No. _____	E-mail: _____				
3. _____	_____ <input type="checkbox"/> Check if new address	\$ 30.00	\$ 11.90	\$ 18.10	# _____
Telephone No. _____	E-mail: _____				
4. _____	_____ <input type="checkbox"/> Check if new address	\$ 30.00	\$ 11.90	\$ 18.10	# _____
Telephone No. _____	E-mail: _____				
5. _____	_____ <input type="checkbox"/> Check if new address	\$ 30.00	\$ 11.90	\$ 18.10	# _____
Telephone No. _____	E-mail: _____				
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
	Unit Secretary's Signature				



ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

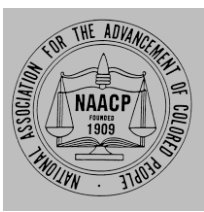
Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
6.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
7.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
8.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
9.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
10.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
\$	Unit Secretary's Signature				



ADULT MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

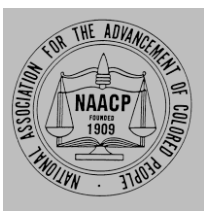
Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
11.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
12.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
13.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
14.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
15.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 30.00	\$ 11.90	\$ 18.10	
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
\$	Unit Secretary's Signature				



YOUTH MEMBERSHIP W/O CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People
4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ____ of ____

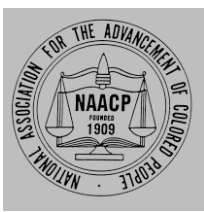
Unit No. _____

(Please fill in Unit No.)

Only Available to Individuals Ages 17 and Under

Name of Unit	Unit Address (City, State, Zip)	Effective Date
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NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
1. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ Telephone No. _____ E-mail: _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
2. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ Telephone No. _____ E-mail: _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
3. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ Telephone No. _____ E-mail: _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
4. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ Telephone No. _____ E-mail: _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
5. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ Telephone No. _____ E-mail: _____	\$ 10.00	\$ 3.00	\$ 7.00	# _____
Amount remitted herewith \$ _____		TOTALS			
Name of Unit Secretary (Please print) _____ Unit Secretary's Signature _____					



YOUTH MEMBERSHIP W/O CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ____ of ____

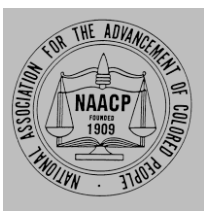
Unit No. _____

(Please fill in Unit No.)

Only Available to Individuals Ages 17 and Under

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
6.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
7.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
8.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
9.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
10.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 10.00	\$ 3.00	\$ 7.00	
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
\$	Unit Secretary's Signature				



YOUTH MEMBERSHIP WITH CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ____ of ____

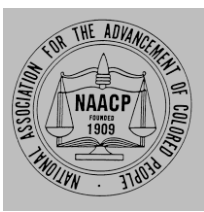
Unit No. _____

(Please fill in Unit No.)

Only Available to Individuals Ages 20 and Under

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
1. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____ Telephone No. _____ E-mail: _____	\$ 15.00	\$ 4.80	\$ 10.20	# _____
2. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____ Telephone No. _____ E-mail: _____	\$ 15.00	\$ 4.80	\$ 10.20	# _____
3. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____ Telephone No. _____ E-mail: _____	\$ 15.00	\$ 4.80	\$ 10.20	# _____
4. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____ Telephone No. _____ E-mail: _____	\$ 15.00	\$ 4.80	\$ 10.20	# _____
5. _____	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div> _____ _____ Telephone No. _____ E-mail: _____	\$ 15.00	\$ 4.80	\$ 10.20	# _____
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
\$ _____	Unit Secretary's Signature				



YOUTH MEMBERSHIP WITH CRISIS REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Only Available to Individuals Ages 20 and Under

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	To National Office	Membership Number
6.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
7.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
8.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
9.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
10.	Check if new address <input type="checkbox"/>				#
Telephone No.	E-mail:	\$ 15.00	\$ 4.80	\$ 10.20	
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
\$	Unit Secretary's Signature				



JUNIOR LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ___ of ___

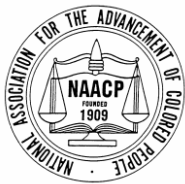
Unit No. _____

(Please fill in Unit No.)

ONLY AVAILABLE TO INDIVIDUALS AGES 13 & UNDER.

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1. Telephone No.	<input type="checkbox"/> Check if new address E-mail:	\$ 25.00	\$ 10.00	\$ 15.00	#
		\$ 100.00	\$ 40.00	\$ 60.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
2. Telephone No.	<input type="checkbox"/> Check if new address E-mail:	\$ 25.00	\$ 10.00	\$ 15.00	#
		\$ 100.00	\$ 40.00	\$ 60.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
3. Telephone No.	<input type="checkbox"/> Check if new address E-mail:	\$ 25.00	\$ 10.00	\$ 15.00	#
		\$ 100.00	\$ 40.00	\$ 60.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
4. Telephone No.	<input type="checkbox"/> Check if new address E-mail:	\$ 25.00	\$ 10.00	\$ 15.00	#
		\$ 100.00	\$ 40.00	\$ 60.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
5. Telephone No.	<input type="checkbox"/> Check if new address E-mail:	\$ 25.00	\$ 10.00	\$ 15.00	#
		\$ 100.00	\$ 40.00	\$ 60.00	
		A ○ \$	B ○ \$	C ○ \$	
		D \$	Prior payments made by member		
Amount remitted herewith \$	Name of Unit Secretary (Please print)	TOTALS			
	Unit Secretary's Signature				



BRONZE LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People
4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

ONLY AVAILABLE TO INDIVIDUALS AGES 14 TO 20.

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1. Telephone No. _____	_____ E-mail: _____	<input type="checkbox"/> Check if new address \$ 80.00 \$ 400.00	\$ 32.00	\$ 48.00	# _____
			\$ 160.00	\$ 240.00	
		<input type="checkbox"/> ^A \$ _____	<input type="checkbox"/> ^B \$ _____	<input type="checkbox"/> ^C \$ _____	
		<input type="checkbox"/> ^D \$ _____	Prior payments made by member		
2. Telephone No. _____	_____ E-mail: _____	<input type="checkbox"/> Check if new address \$ 80.00 \$ 400.00	\$ 32.00	\$ 48.00	# _____
			\$ 160.00	\$ 240.00	
		<input type="checkbox"/> ^A \$ _____	<input type="checkbox"/> ^B \$ _____	<input type="checkbox"/> ^C \$ _____	
		<input type="checkbox"/> ^D \$ _____	Prior payments made by member		
3. Telephone No. _____	_____ E-mail: _____	<input type="checkbox"/> Check if new address \$ 80.00 \$ 400.00	\$ 32.00	\$ 48.00	# _____
			\$ 160.00	\$ 240.00	
		<input type="checkbox"/> ^A \$ _____	<input type="checkbox"/> ^B \$ _____	<input type="checkbox"/> ^C \$ _____	
		<input type="checkbox"/> ^D \$ _____	Prior payments made by member		
4. Telephone No. _____	_____ E-mail: _____	<input type="checkbox"/> Check if new address \$ 80.00 \$ 400.00	\$ 32.00	\$ 48.00	# _____
			\$ 160.00	\$ 240.00	
		<input type="checkbox"/> ^A \$ _____	<input type="checkbox"/> ^B \$ _____	<input type="checkbox"/> ^C \$ _____	
		<input type="checkbox"/> ^D \$ _____	Prior payments made by member		
5. Telephone No. _____	_____ E-mail: _____	<input type="checkbox"/> Check if new address \$ 80.00 \$ 400.00	\$ 32.00	\$ 48.00	# _____
			\$ 160.00	\$ 240.00	
		<input type="checkbox"/> ^A \$ _____	<input type="checkbox"/> ^B \$ _____	<input type="checkbox"/> ^C \$ _____	
		<input type="checkbox"/> ^D \$ _____	Prior payments made by member		
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
	Unit Secretary's Signature				



SILVER LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

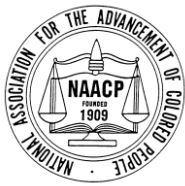
Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Name of Unit	Unit Address (City, State, Zip)	Effective Date
---------------------	--	-----------------------

NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1. Telephone No. _____	_____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	# _____
		Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
		Ⓓ \$ _____	Prior payments made by member		
2. Telephone No. _____	_____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	# _____
		Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
		Ⓓ \$ _____	Prior payments made by member		
3. Telephone No. _____	_____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	# _____
		Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
		Ⓓ \$ _____	Prior payments made by member		
4. Telephone No. _____	_____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	# _____
		Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
		Ⓓ \$ _____	Prior payments made by member		
5. Telephone No. _____	_____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00 \$ 300.00	\$ 45.00 \$ 450.00	# _____
		Ⓐ \$ _____	Ⓑ \$ _____	Ⓒ \$ _____	
		Ⓓ \$ _____	Prior payments made by member		
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
	Unit Secretary's Signature				



SILVER LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People
 4805 Mt. Hope Drive • Baltimore, Maryland 21215

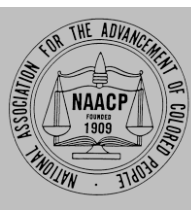
Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Name of Unit	Unit Address (City, State, Zip)	Effective Date
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NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
6. Telephone No. _____	_____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____
			\$ 300.00	\$ 450.00	
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____	Ⓓ \$ _____		Prior payments made by member
		Prior payments made by member			
7. Telephone No. _____	_____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____
			\$ 300.00	\$ 450.00	
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____	Ⓓ \$ _____		Prior payments made by member
		Prior payments made by member			
8. Telephone No. _____	_____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____
			\$ 300.00	\$ 450.00	
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____	Ⓓ \$ _____		Prior payments made by member
		Prior payments made by member			
9. Telephone No. _____	_____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____
			\$ 300.00	\$ 450.00	
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____	Ⓓ \$ _____		Prior payments made by member
		Prior payments made by member			
10. Telephone No. _____	_____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 75.00 \$ 750.00	\$ 30.00	\$ 45.00	# _____
			\$ 300.00	\$ 450.00	
		Ⓐ \$ _____ Ⓑ \$ _____ Ⓒ \$ _____	Ⓓ \$ _____		Prior payments made by member
		Prior payments made by member			
Amount remitted herewith \$ _____	Name of Unit Secretary (Please print) _____	TOTALS			
	Unit Secretary's Signature _____				



GOLD LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

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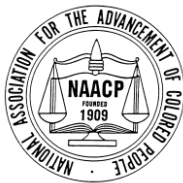
Unit No. _____

(Please fill in Unit No.)

ONLY AVAILABLE TO FULLY PAID LIFE (\$500) OR SILVER LIFE MEMBERS

Name of Unit	Unit Address (City, State, Zip)	Effective Date
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NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number
1. Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	Prior payments made by member		
2. Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	Prior payments made by member		
3. Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	Prior payments made by member		
4. Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	Prior payments made by member		
5. Telephone No.	<div style="text-align: right; font-size: small;">Check if new address <input type="checkbox"/></div>	\$ 150.00 \$ 1500.00	\$ 60.00 \$ 600.00	\$ 90.00 \$900.00	#
	E-mail:	A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$	
		D \$	Prior payments made by member		
Amount remitted herewith \$	Name of Unit Secretary (Please print) _____ Unit Secretary's Signature _____	TOTALS			



DIAMOND LIFE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

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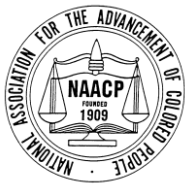
Unit No. _____

(Please fill in Unit No.)

ONLY AVAILABLE TO FULLY PAID GOLDEN HERITAGE OR GOLD LIFE MEMBERS

Name of Unit	Unit Address (City, State, Zip)	Effective Date
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NAME	FULL ADDRESS (Include Zip Code)	Paid By Member	To Unit	60% To National Office	Membership Number			
1. Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	# _____			
						A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$
						D \$	Prior payments made by member	
2. Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	# _____			
						A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$
						D \$	Prior payments made by member	
3. Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	# _____			
						A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$
						D \$	Prior payments made by member	
4. Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	# _____			
						A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$
						D \$	Prior payments made by member	
5. Telephone No. _____	_____ _____ _____ E-mail: _____	Check if new address <input type="checkbox"/> \$ 250.00 \$ 2,500.00	\$ 100.00 \$ 1,000.00	\$ 150.00 \$ 1,500.00	# _____			
						A <input type="radio"/> \$	B <input type="radio"/> \$	C <input type="radio"/> \$
						D \$	Prior payments made by member	
Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS						
	Unit Secretary's Signature							
\$ _____								



ANNUAL CORPORATE MEMBERSHIP REGISTRATION FORM

National Association for the Advancement of Colored People

4805 Mt. Hope Drive • Baltimore, Maryland 21215

Page ____ of ____

Unit No. _____

(Please fill in Unit No.)

Name of Unit	Unit Address (City, State, Zip)	Effective Date
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Please circle each amount pertaining to the new member

NAME	FULL ADDRESS (Include Zip Code)	Paid By Corporation	To Unit	60% To National Office	Membership Number
1.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
2.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
3.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
4.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				
5.	Check if new address <input type="checkbox"/>				#
		\$ 5000.00	\$ 2000.00	\$ 3000.00	
Telephone No.	E-mail:				

Amount remitted herewith	Name of Unit Secretary (Please print)	TOTALS			
\$	Unit Secretary's Signature				