



African American Caucus

Pitt County

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Membership Application

Name: \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Spouse \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

\* State law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer for each individual whose contributions exceed \$50.00 in an election cycle (two years)

Are you a member of the state executive committee? (Circle) YES NO

What is your current Precinct? \_\_\_\_\_

What organization do you current represent? \_\_\_\_\_

What United States congressional district do you currently reside? \_\_\_\_\_

MEMBERSHIP DUES

General Membership Dues (\$5.00 monthly) and Associate Membership Dues (\$.50). State and District Annual Dues (to be submitted at same time as application) \$ 1.00 each member Total: \$\_\_\_\_\_

Shirt (\$10) Size: \_\_\_\_\_ Delivered: \_\_\_\_\_

COMMITTEE OF INTEREST (Please circle all that apply):

- A. Communication and Mobilization C. Membership and Outreach
B. Fundraising and Special Activities D. Undecided

Political Concern (Continue on back) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_