



Join the FIGHT FOR FREEDOM

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of freedom burning bright!

1 MEMBER INFORMATION *(please print clearly)*

Mr. Mrs. Ms. Miss Other (Circle one) Date _____

First Name _____ M.I. _____ Last Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Are You A Registered Voter? Yes No (Circle One)

Gary Branch #3050 Email Address _____

Mail To: Gary NAACP
P.O. Box 64843
Gary, IN 46401

Solicitor's Name _____

2 MEMBERSHIP TYPE *(please check one)*

REGULAR ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> Regular Adult (Ages 21 & older)\$30*	<input type="checkbox"/> Junior Life (Payable in annual installments of \$25 or more)\$100** (Ages 13 & under) ____/____/____ Date of Birth
<input type="checkbox"/> Youth with Crisis Magazine (Ages 20 & under) .. .\$15*	<input type="checkbox"/> Bronze Life (Payable in annual installments of \$50 or more) ...\$400** (Ages 14-20) ____/____/____ Date of Birth
<input type="checkbox"/> Youth without Crisis Magazine (Ages 17 & under) . \$10	<input type="checkbox"/> Silver Life (Payable in annual installments of \$75 or more)\$750**
<input type="checkbox"/> Annual Corporate\$5,000*	<input type="checkbox"/> Gold Life (Payable in installments of \$150 or more)\$1,500** Only available to Silver or Regular Life Members
* Includes a 1-year subscription to The CRISIS Magazine	<input type="checkbox"/> Diamond Life (Payable in installments of \$250 or more)\$2,500** Only available to Gold or Golden Heritage Life Members
** Fully-paid Life Memberships include a 10-year subscription to The CRISIS Magazine	
*\$6.00 per year of the membership fee will be applied toward your subscription to THE CRISIS	

3 PAYMENT

Amount Paid \$ _____ MasterCard VISA American Express Cash

Credit Card Number _____ Check *(checks and money orders should be made payable to: NAACP)*

Name as it Appears on Card _____ Expiration Date _____

Authorized Signature _____

THANK YOU FOR YOUR SUPPORT

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