



COLUMBUS AREA CHAPTER
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

PLACE OF EMPLOYMENT _____

GOVERNMENT/STATE/CITY (PLEASE INDICATE LEVEL)

FEDERAL STATE COUNTY MUNICIPAL

MILITARY PUBLIC EDUCATION RETIRED

OTHER, PLEASE SPECIFY _____

I HEREBY APPLY FOR MEMBERSHIP IN THE COLUMBUS AREA CHAPTER OF BLACKS IN GOVERNMENT. ENCLOSED IS \$60.00 FOR FULL PAYMENT OF ANNUAL DUES (\$35.00 NATIONAL, \$15.00 LOCAL, and \$10.00 REGION)

SIGNATURE

DATE

MAIL TO:
COLUMBUS AREA CHAPTER OF BIG
ATTN: MEMBERSHIP
PO BOX 13645
COLUMBUS, OHIO 43213

REFERRED BY _____