



**COLUMBUS AREA CHAPTER
OF BLACKS IN GOVERNMENT
MEMBERSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ BUSINESS PHONE: _____

Non-WORK EMAIL: _____

EMPLOYER: _____

GOVERNMENT/STATE/CITY (Please indicate employment type)

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 (CACBIG).**

**ENCLOSED IS FULL PAYMENT OF THE \$60.00 ANNUAL MEMBERSHIP DUES.
THIS COVERS MY ANNUAL DUES FOR NATIONAL (\$35.00), REGIONAL (\$10.00)
AND CHAPTER (\$15.00).**

SIGNATURE _____

DATE _____

Two ways to submit:

MAIL APPLICATION AND PAYMENT TO:

Columbus Area Chapter of Blacks In Government
ATTN: MEMBERSHIP
POB 13645, Columbus, OH 43213

OR SCAN APPLICATION AND EMAIL TO:

membership@cacbig.org and treasurer@cacbig.org. **AND
MAKE PAYMENT VIA CASHAPP: \$columbuscacbig**

REFERRED BY _____