



**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**

MAIL APPLICATION AND PAYMENT TO:
COLUMBUS AREA CHAPTER OF BIG
ATTN: MEMBERSHIP
POB 13645
COLUMBUS, OHIO 43213

REFERRED BY _____