



**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 \$70.00 ANNUAL MEMBERSHIP DUES.  
THIS COVERS MY ANNUAL DUES FOR NATIONAL (\$35.00), REGIONAL (\$20.00)  
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** \_\_\_\_\_