



**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 \$80.00 ANNUAL MEMBERSHIP DUES.
THIS COVERS MY ANNUAL DUES FOR NATIONAL (\$45.00), 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 _____