

NATIONAL COALITION OF 100 BLACK WOMEN, INC.

San Francisco Chapter

210 Post Street, San Francisco, CA 94108

(415) 665-2524

MEMBERSHIP APPLICATION PACKET

Applicant Name: _____

We appreciate your interest in the National Coalition of 100 Black Women, Inc. (NC100BW) – San Francisco Chapter. As part of the process for considering your application for membership, we ask that you review each step and fill in or provide all requested information.

The members of this organization represent diverse communities and we strive to enhance our communities through our efforts of education, awareness and collaboration with community and corporate resources. To fulfill NC100BW's objectives, participation by each individual selected for membership is essential. Participation includes attending monthly meetings, involvement in committees, and support of chapter events and activities. If an applicant withdraws from the organization, no portion of her joining or membership fees shall be refunded.

I understand the requested commitments to NC100BW-San Francisco Chapter, and I am able to fulfill the requirements.

Yes No

Application Checklist:

- Membership Application
- Two written references. At least one of the references must be from a current NC100BW member.
- Statement of Intent (not more than one page). Please address the following areas:
 - What interests you in becoming a member?
 - What value will you add to the chapter and what area of expertise/interest will you use to benefit the chapter?
 - How do you hope to benefit from membership in NCBW?
 - List affiliations with other organizations and the extent to which you are currently involved (expressed in hours per month).
- A non-refundable application processing fee of \$100.00.** Please make your check payable to: National Coalition of 100 Black Women, Inc.-San Francisco (or "NC100BW-SF"). I understand that completion of this application does not ensure my acceptance by the organization.

For your application to be considered, complete responses to all questions must be provided. Applications received in any other manner will not be reviewed by the committee. If accepted, annual membership dues for 2019-2020 fiscal year are \$300.00 and are due and payable at the time of acceptance.

Weighted Selection Criteria

For immediate consideration, please return the completed application, letters of recommendation, application fee and resume. Mail to: Membership Chair, National Coalition of 100 Black Women, Inc. - SF Chapter, 210 Post Street, San Francisco, CA 94108.

Applicants will be notified of acceptance within 30 days of receiving completed application packet.

ALL APPLICATIONS WILL BE HANDLED CONFIDENTIALLY

- Community Involvement & Leadership
- Volunteerism
- Professional and personal skills and accomplishments
- Completeness and responsiveness of application

Your Name: _____

Signature: _____

Date: _____

Proceed to "Membership Application" form and attach to this completed form before submission.

NATIONAL COALITION OF 100 BLACK WOMEN, INC.

San Francisco Chapter

210 Post Street, San Francisco, CA 94108

(415) 665-2524

MEMBERSHIP APPLICATION

Application Date _____ Birthday (Mo/Day) _____

Name _____ Signature _____

Home Address (street) _____

City _____ State _____ Zip Code _____

Email (that you regularly check) _____

Home Telephone _____ Cell Phone _____

Current Occupation _____

Company/Business Name _____

Previous Occupation(s) _____

Academic Background- (Highest level) School Attended _____

-From/To _____

-Diploma/Certificate/Degree Attained _____

Indicate areas where you have expertise:

- | | |
|---|--|
| <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Grant Proposal Writing |
| <input type="checkbox"/> Catering | <input type="checkbox"/> National Affairs/Legislature |
| <input type="checkbox"/> Computer Technology/IT | <input type="checkbox"/> Travel/Hospitality |
| <input type="checkbox"/> Childhood Education | <input type="checkbox"/> Training/Organizational Devlpmt |
| <input type="checkbox"/> Law/Paralegal | <input type="checkbox"/> Writing/Journalism |
| <input type="checkbox"/> Science/Mathematics Education | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> College/university instruction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Membership Development | <input type="checkbox"/> Other: _____ |

Indicate your committee interest (check up to two)

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Health |
| <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Economic Empowerment | <input type="checkbox"/> Political Action |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Relations |