

Concerned Black Men Inc. of Nacogdoches

Active Membership Application Form

(Please Print)

Last Name: _____

Middle Initial: _____

First Name _____

Date of Birth
(MMDDYY): _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Home phone: _____ Cell phone _____ Work phone _____

Email Address: _____

Occupation: _____

Employer: _____

Length of Employment: _____

How did you learn about Concerned Black Men of Nacogdoches? _____

Do you have any membership affiliations? If yes, please list. _____

Please list your personal interests and hobbies: _____

Circle programs you would be interested in participating.

Mentoring Program

School Supply Program

Valentine Banquet

Fund Raising Program

New Membership Program

Scholarship Program

Personal and Professional Reference (List at least two)

1. _____
(Name) (Address) (Phone) (Relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

3. _____
(Name) (Address) (Phone) (Relationship)

To better serve the youth in our community, CBMN needs to know how you can best serve the students. Please answer the questions listed below and circle your answer. (Yes or No)

Would you prefer performing administrative duties for the organization? (Yes or No)

Would you prefer working directly with the youth involved with CBMN? (yes or No)

Do you have any funding resource contacts? (Yes or NO)

List any special talents you have that may be useful to the organization.

(1) _____ (2) _____ (3) _____

Are you prepared to commit time and financial resources to CBMN? (Yes or No)

Have you ever been involved with organized sports working with children? If so what was the activity?
(Yes or NO) Activity _____

Do you think your job would hinder you participating with any of the programs, projects or activities sponsored by CBMN? If yes, please explain. (Yes or No)

Explanation _____

I am interested in becoming an Active Member of the Nacogdoches Chapter of Concerned Black Men. My signature certifies that to the best of my knowledge, all of the above information is true and accurate and that I give Concerned Black Men, Inc. permission to verify all information for accuracy as CBMN deems necessary.

Date: _____ Signature _____ Rec' by _____