



**The National Association of  
Negro Business and Professional Women's Clubs Inc.**

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**ADULT MEMBERSHIP APPLICATION**

**Please type or print: If more space is required, submit as an attachment include applicant's name on each page**

Club Name:			District:		Date:	
<b>Type:</b>	<b>Adult (21+)</b>	<b>Young Adult (18-35)</b>	<b>Member-at-Large</b>		<b>Corporate</b>	
<b>Category:</b>	Professional	Business: Owner:	Yes	No	<b>Status:</b>	Active Retired
Name:	Ms. Mrs. Miss	Last:	First:		Middle:	DOB:
Home Address:			City:		State:	Zip Code:
Telephone:	This is: Home Work Cell		E-Mail Address:			
Name of Employer/Business:					Telephone:	
Work Address:	City:		State:	Zip:		
Occupation/Title:						
Certifications:						
Have you ever been a member of NANBPWC, Inc.?			No	Yes	Dates:	

**Education (Please indicate highest level of education obtained):**

School Attended:	City, State:
Degree/Major:	
Diploma:	Yes No
Date Completed:	

**Organizational Affiliations:**

Name:	City:	Office Held:
Name:	City:	Office Held:
List special skills or interests:		
Sponsor	Sponsor's Club	

**References:**

Name	Address	Telephone
Name	Address	Telephone

**Attach Resume and Copy of Degree(s), License(s) or Certification where not prohibited by law.**

**Signatures:**

Applicant:		Date
Acceptance:	Local President/Membership Chair	Date
Approval:	Governor/Vice Governor:	Date

**Club Instructions:** After receiving signature of District Governor, submit original application package, New Member Roster, Adult Department Dues Transmittal, and Check for New Member Joining fees to National Office.

**Send a copy of the new member application package to the National Director of Membership.**

<b>Office Use:</b>	Joining Fees Received:	Date	Amount	\$
	Posted to Database:	Member Packet Sent:		