



Join the **FREEDOM** FIGHT FOR **DURING OUR MEMBERSHIP CAMPAIGN**

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of freedom burning bright!

1 MEMBER INFORMATION *(please print clearly)*

Mr. Mrs. Ms. Miss Other _____ Date _____

First Name M.I. Last Name

Address _____ Apt./Suite _____

City _____ State _____ Zip _____

Unit Affiliation _____ Current Membership No. *(if renewal)* _____

_____-_____-_____
Phone No. _____ Email Address _____

Are You A Registered Voter? Yes No

2 MEMBERSHIP TYPE *(please check one)*

REGULAR ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> Regular Adult <i>(Ages 21 & older)</i>\$30*	<input type="checkbox"/> Junior Life <i>(Payable in annual installments of \$25 or more)</i>\$100** <i>(Ages 13 & under)</i> ____/____/____ Date of Birth
<input type="checkbox"/> Youth with Crisis Magazine <i>(Ages 20 & under)</i> ...\$15*	<input type="checkbox"/> Bronze Life <i>(Payable in annual installments of \$50 or more)</i> ...\$400** <i>(Ages 14-20)</i> ____/____/____ Date of Birth
<input type="checkbox"/> Youth without Crisis Magazine <i>(Ages 17 & under)</i> . \$10	<input type="checkbox"/> Silver Life <i>(Payable in annual installments of \$75 or more)</i>\$750**
<input type="checkbox"/> Annual Corporate\$5,000*	<input type="checkbox"/> Gold Life <i>(Payable in installments of \$150 or more)</i>\$1,500** <i>Only available to Silver or Regular Life Members</i>
<i>* Includes a 1-year subscription to The CRISIS Magazine</i>	<input type="checkbox"/> Diamond Life <i>(Payable in installments of \$250 or more)</i>\$2,500** <i>Only available to Gold or Golden Heritage Life Members</i>
<i>** Fully-paid Life Memberships include a 10-year subscription to The CRISIS Magazine</i>	
<i>*\$6.00 per year of the membership fee will be applied toward your subscription to THE CRISIS</i>	

3 PAYMENT

Amount Paid \$ _____ MasterCard VISA American Express Cash

Credit Card Number _____ Check *(checks and money orders should be made payable to: NAACP)*

Name as it Appears on Card _____ Expiration Date _____

Authorized Signature _____

THANK YOU FOR YOUR SUPPORT

PLEASE PLACE THIS APPLICATION IN A STAMPED ENVELOPE AND MAIL TO:

**NAACP OZAUKEE COUNTY BRANCH
P.O. BOX 301
THIENSVILLE, WI 53092**