

**AFROCRACY  
INDIVIDUAL MEMBERSHIP APPLICATION**

Please provide the following information and mail the completed application along with a check or money order payable to AFROCRACY to the address provided below.

1. **Indicate the membership level you are applying for by placing an “✓” in the appropriate box.**

<u>Membership Levels</u>	<u>Annual Membership Dues</u>
<input type="checkbox"/> Platinum Member	\$500
<input type="checkbox"/> Gold Member	\$300
<input type="checkbox"/> Silver Member	\$200
<input type="checkbox"/> Bronze Member	\$100

2. **Please provide your name and contact information by completing the following.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

3. **Please indicate the amount enclosed for your membership application.**

Amount Enclosed: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

**MAKE CHECKS AND MONEY ORDERS PAYABLE TO:**

AFROCRACY  
 P.O. BOX 7447  
 FAIRFAX STATION, VA 22039  
*All contributions are tax deductible.*

4. **Please complete the following statements by placing a “✓” in the appropriate box. (Check all boxes that apply.)**

<b>I am interested in the following level of participation:</b>	<b>I am interested in supporting the following program areas:</b>
<input type="checkbox"/> Membership Only	<input type="checkbox"/> Education
<input type="checkbox"/> Donation Only	<input type="checkbox"/> Business Development and Technology Transfer
<input type="checkbox"/> Advisory Board Membership	<input type="checkbox"/> Research and Knowledge Advancement
<input type="checkbox"/> Corporate Directors	<input type="checkbox"/> Political Freedom, Human Rights and Peace Advocacy
<input type="checkbox"/> Program Directors	<input type="checkbox"/> Conferences, Workshops and Charitable Events
<input type="checkbox"/> Mentorship of Scholars	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Conference and Workshop Chairs	<input type="checkbox"/> Publications
<input type="checkbox"/> General Volunteer	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Employment	
<input type="checkbox"/> Others: _____	