

**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.)**

I am interested in the following level of participation:	I am interested in supporting the following program areas:
<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: _____	

AFROCRACY
CORPORATE/INSTITUTION MEMBERSHIP APPLICATION

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- 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	\$10,000
<input type="checkbox"/> Gold Member	\$5,000-\$9,999
<input type="checkbox"/> Silver Member	\$3,000-\$4,999
<input type="checkbox"/> Bronze Member	\$1,000-\$2,999

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

Company / Institution Name: _____
 Contact Person: _____
 Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____

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

Amount Enclosed: \$ _____ Check #: _____

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<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: _____	