



<b>MEMBERSHIP APPLICATION</b>		
<b>APPLICANT INFORMATION</b>		
Name: Last _____, First _____ Middle Initial ___ suffix (Jr, III, etc) ___		
Date of birth: mm/dd/yyyy	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Name of 100 Member who sponsored you?	Last _____, First _____	
New Member? ___	Reinstatement Member? ___	Transfer/ former C-100 Member? ___
<b>EMPLOYMENT INFORMATION</b>		
Current employer: (Firm)		
Employment Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Your Position:		
<b>EMERGENCY CONTACT</b>		
Spouse Information		
Name:		Phone:
Date of birth: <i>(optional) MM/DD only</i>	State:	ZIP Code:
Spouse Employment Information <i>(Optional)</i>		
<b>CURRENT FRATERNAL/CIVIC/COMMUNITY OR PROFESSIONAL ORGANIZATIONS?</b>		
Organization #1:	Active? YES ___ NO ___	
Organization #2:	Active? YES ___ NO ___	
Organization #3:	Active? YES ___ NO ___	
Do you hold office in Organization #1?	Organization #2?	Organization #3?
<b>PLEASE NAME OFFICES HELD: (OPTIONAL)</b>		
Please furnish 3 References W/Contact information		
Name	E-mail:	Phone #
Name	E-mail:	Phone #
Name	E-mail:	Phone #
<b>CHILDREN (OPTIONAL)</b>		
Name	Age:	School:
Name	Age:	School:
Please tell us how you learned about 100 Black Men of Maryland and Why you are interested in becoming a member? Use additional sheets if needed.		
Please tell us of your previous experience in working with youth, especially of the age range between 8 and 18. (Use additional sheets if necessary).		

What special skills, Talents, abilities or knowledge do you bring to the organization? For example, Fund-raiser? Grant Writing? Computer skills? Professional singer? Etc.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

Because our programs involve working directly with youth, A Criminal Background check is mandatory of all applicants and must remain current throughout the duration of membership if accepted.

To my knowledge, there are no current or past activities in my background that would disqualify my membership. \_\_\_\_\_ initials.

Because we are a fully volunteer mentoring organization with 501c3, tax exempt, status, our members are our main source of effort to make the organization run. Please let us know which 3 committees you would like to serve on in the event we need you on more than one. And prioritize them by numbering from 1 for first choice to 3 or more for last choice. (Check 3):

Mentoring \_\_\_\_\_, Education, \_\_\_\_\_ Health & Wellness, \_\_\_\_\_, Economic Empowerment, \_\_\_\_\_  
Fundraising, \_\_\_\_\_, Membership, \_\_\_\_\_, Events, \_\_\_\_\_, Media Public Relations, \_\_\_\_\_, Strategic  
Planning, \_\_\_\_\_, Technology, \_\_\_\_\_, Finance, \_\_\_\_\_, Scholarship, \_\_\_\_\_

Finally, if you know others whom you would strongly recommend join you in membership at 100 Black Men of Maryland, we hope you would get his permission to provide his name and contact information so our membership Chair would send him an invitation to join us. You may provide the name below after consulting him.

Thank you for your application to join 100 Black Men of Maryland. Please check your application for completeness and when you are satisfied with your submission, make a copy for your records and submit the signed copy, along with your \$100 application fee to: **Membership Director, 100 Black Men of Maryland, Inc., 4413 Liberty Heights Avenue, Gwynn Oak, Maryland, 21207-7557**. If you desire, you may go online to [www.100blackmenofmaryland.org](http://www.100blackmenofmaryland.org) , click on donations and pay your application fee online with a credit card. Should you choose this option, please state in the comment section your name and that this is for Membership Application fee. **APPLICATION FEES ARE NON-REFUNDABLE**.

I HEREBY CERTIFY that the information and statements provided in this application are true and correct to the best of my knowledge. I also authorize 100 Black Men of Maryland to collect information necessary for the verification of this application and for all employers, persons and organizations to provide information necessary for such verification.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Mail to: Director of Membership, 4413 Liberty Heights Avenue Gwynn Oak, Maryland 21207-7557  
Or email to: [officemanager100bmm@comcast.net](mailto:officemanager100bmm@comcast.net)  
[410-664-6726](tel:410-664-6726) or FAX: [410-664-4852](tel:410-664-4852)*