



MEMBERSHIP APPLICATION

*Empowering Women for Equity, Justice and the
Freedom to Achieve*

SECTION 1: MEMBER CONTACT INFORMATION

WIN inquires must currently have a regular membership in the North San Diego County NAACP

TITLE	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
NAME			
ADDRESS 1		TELEPHONE	
ADDRESS 2		EMAIL	
TOWN/CITY		NAACP Member #	
STATE		BRANCH #	Branch #1086
ZIP CODE		SOLICITOR	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	DUES	Total Amount
	Regular WIN Membership (Annual)	\$10	
	Contributing WIN Membership (Annual)	\$25	
	Women In NAACP Bling Lapel Pin (Members only)	\$10	
To pay online: Go to Cash App \$1086NSDCNAACP or PayPal North San Diego County Attn: WIN Membership			
	<input type="checkbox"/> Check # _____ <input type="checkbox"/> M/O <input type="checkbox"/> Online Payment	TOTAL	\$
PAYMENT METHOD	To pay by check: Make payable to NSDC NAACP-WIN P.O. Box 5786 Oceanside, Oceanside, CA 92052		

SECTION 3: MEMBER INFORMATION

Volunteer Interest: Check all that apply
<input type="checkbox"/> Fund Development <input type="checkbox"/> Outreach <input type="checkbox"/> Social Engagement <input type="checkbox"/> Marketing <input type="checkbox"/> Events
Volunteer Interest: Check all that apply
<input type="checkbox"/> ACT-SO Mentor <input type="checkbox"/> Back To School Stay In School <input type="checkbox"/> Health <input type="checkbox"/> Membership <input type="checkbox"/> Mentors <input type="checkbox"/> Black Dolls
Please indicate if you would be willing to serve on or chair a committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time Is there a specific committee you would like to serve on? _____
Permission to use photographic images: Photographs of NAACP members may be used in various Outreach communications incl. the newsletter and website. Group photographs taken at WIN events may be used without identifying individual members. For individual photographs, please indicate your permission for use: <input type="checkbox"/> WIN (NSDC) has my permission to use and identify photographs of me. <input type="checkbox"/> WIN (NSDC) does not have permission to use and identify photographs of me. <input type="checkbox"/> WIN (NSDC) must contact me before using any identified photographs of me in communications.

Signature x _____ Print Name: _____ Date: _____