

OF AMERICA, INC.

THE CAPE FEAR REGION

MEMBERSHIP

APPLICATION

100 Black Men Of America, Inc.

The Cape Fear Region Post

Office Box 912

Fayetteville, North Carolina 28302-0912

**Originally approved October 1998** **Revised October 2020**

**Membership Approval Process:**

* Submission of membership application with a check in the amount of $325.00.
* Criminal background check is performed.
* Character references are reviewed.
* Personal interview with Membership Committee is conducted.
* Membership Committee makes its recommendation to the Board of Directors (BOD).
* BOD make recommendation to the membership.

**Membership vote on candidate and candidate is notified of acceptance/rejection.**

**PERSONAL INFORMATION:**

Driver's License #: **{Enter Information Here}**

Name: **{Enter First Name}** **{Middle}** **{Last}** **{Nickname/Alias}**

 First Middle Last Nickname or Aliases

Date of Birth: **{Select Date of Birth}**

Place of Birth: **{Enter Information Here}**

Home Address: **{Enter Home Address Here}**

City: **{City}**

County: **{County}**

State: **{State}**

Zip Code: **{Zip Code}**

Home Telephone #: **{Home Number}** Cell #: **{Cell Number}**

E-Mail Address: **{Email Address}**

Spouse Name: **{Enter Information Here}** Maiden Name: **{Enter Information Here}**

**EDUCATION INFORMATION:**

|  |  |
| --- | --- |
| *Undergraduate degree earned:* **Click or tap here to enter text.** | *Institution*: **Click or tap here to enter text.**  |
| *Graduate degree earned*: **Click or tap here to enter text.** | *Institution*: **Click or tap here to enter text.** |
| *Professional degree earned*: **Click or tap here to enter text.** | *Institution*: **Click or tap here to enter text.** |
| *Honorary degree earned*: **Click or tap here to enter text.** | *Institution*: **Click or tap here to enter text.** |

**PROFESSIONAL INFORMATION:**

Profession: **{Enter Information Here}** Employer: **{Employer}**

Business Address: **{Business Address}**

City: **{City}**

County: **{County}**

State: **{State}**

Zip Code: **{Zip Code}**

Business Telephone #: **{Business Number}** E-Mail: **{Email}**

**CIVIL/SOCIAL ORGANIZATIONS:**

|  |  |
| --- | --- |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |

**HOBBIES AND LEISURE ACTIVITIES:**

|  |  |
| --- | --- |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** |

**CHARACTER REFERENCES:**

# Member Recommending Candidate: **{Enter Member Name Here}**

Name: **{Enter Reference Name Here}** Phone: **{Reference Phone #}**

Name: **{Enter Reference Name Here}** Phone: **{Reference Phone #}**

Name: **{Enter Reference Name Here}** Phone: **{Reference Phone #}**

Tell why you are interested in becoming a member of The 100 Black Men of The Cape Fear Region Chapter. Secondly, discuss the contributions you plan to make in the organization.

|  |
| --- |
| **Click or tap here to enter text.** |

**COMMITTEE AND PROGRAM: ASSIGNMENTS**

If selected for membership, which committee(s) do you feel could best utilize the expertise's you have to offer? Please note that you are expected to serve on at least two Program or Committees.

|  |  |
| --- | --- |
| **Programs**  | **Committees**  |
| [ ] Mentoring | [ ] Membership |
| [ ] Education | [ ] Finance |
| [ ] Health & Wellness | [ ] Special Events/Social |
| [ ] Economic Empowerment | [ ] Scholarship |

**BACKGROUND:**

All applicants who desire membership into the 100 Black Men of America, Inc., The Cape Fear Region, must have a criminal background check conducted by the organization. Note, all information given will be handled confidentially.

Have you ever been charged with a criminal violation? [ ] Yes [ ] No

If yes, what was the nature of the charge(s)?

|  |
| --- |
| **Click or tap here to enter text.** |

The Annual membership assessment for the 100 Black Men of America, Inc.,

The Cape Fear Region Chapter is currently $325

I hereby certify that each statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification. Furthermore, I do hereby give The 100 Black Men of The Cape Fear Region, Inc., the authority to conduct a criminal background check and present its findings to the organization's Membership Committee. My signature below indicates my agreement to the above statement.

# **{Electronically Sign Here}** **{Select Date}**

# Signature Date