



New England Blacks in Philanthropy

MEMBERSHIP APPLICATION Individual Membership

First Name: _____ Last Name: _____

Title: _____ Organization's Name: _____

Address: _____ Suite, Floor, etc: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ Website : _____

Email Address: _____

Professional Affiliations (funder, trustee, board member, etc.): _____

Please tell us what geographic areas are impacted by your philanthropic work:

Dues: Individual Membership is 200.00

- Please find my check enclosed
- I will pay within 60 days

Please make your check payable to:

NEBIP c/o AGM

Please mail your check and application to:

United Way of Mass Bay and Merrimack Valley
51 Sleeper Street
Boston MA 02210-1208
Attn: Bithiah Carter
President, NEBIP

It is your choice to be publicly listed in NEBIP materials or not. Either choice is fine.

- I want to be publicly listed: Yes No:

AUTHORIZATION:

BY SIGNING BELOW, I HEREBY GIVE NEW ENGLAND BLACKS IN PHILANTHROPY PERMISSION TO LIST MY NAME AND TITLE AS A MEMBER OF THE ORGANIZATION. I UNDERSTAND THAT THIS LISTING WILL APPEAR ON THE ORGANIZATION'S WEB SITE AND IN ITS PRINTED MATERIALS AND REMAINS IN EFFECT AS LONG AS I AM A MEMBER OF THE ORGANIZATION.

Signature for Authorization: _____

Date: _____