



New England Blacks in Philanthropy

MEMBERSHIP APPLICATION Institutional Membership

First Name: _____ Last Name: _____

Title: _____ Email Address: _____

Organization Name: _____

Address: _____ Suite, Floor, etc: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Website: _____

Type of Organization: _____

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

As an institutional member your organization is entitled to add up to five additional individuals. Please complete the following information for each representative:

1. First Name: _____ Last Name: _____

Title: _____ Email Address: _____

2. First Name: _____ Last Name: _____

Title: _____ Email Address: _____

3. First Name: _____ Last Name: _____

Title: _____ Email Address: _____

4. First Name: _____ Last Name: _____

Title: _____ Email Address: _____

5. First Name: _____ Last Name: _____

Title: _____ Email Address: _____

Dues: Institutional Membership is \$1,000

Please find my check enclosed

I will pay later

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: _____