



MEMBERSHIP APPLICATION

Professional Categories

Please select how you would like to be listed in our membership directory. All listings must have identical information.

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Employment /Personnel | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Art/Music/Dance | <input type="checkbox"/> Fitness | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Business Consultation | <input type="checkbox"/> Food/Restaurant | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Graphics/Printing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Career Consultation | <input type="checkbox"/> Healthcare/Medicine | <input type="checkbox"/> Sciences |
| <input type="checkbox"/> Communications/New Media | <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Law | <input type="checkbox"/> Wholesaling |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> Photography | _____ |

Standing Committees

Please select the committee you are most interested in serving on. You will be contacted by each committee chair and notified about upcoming meetings.

- | | |
|--|--|
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Education & Scholarship | <input type="checkbox"/> Mentoring |

Sponsored By

Please have your sponsor sign and date your application and submit application along with brief letter of recommendation.

Sponsoring Member (SIGNATURE)	Sponsoring Member (PRINT NAME)	Telephone Number	Date
New Member (Signature)	New Member (Print Name)	Date	

Membership Dues:	\$700.00
National Dues:	<u>\$ 35.00</u>
Total Annual Dues:	\$735.00

<p>Method of Payment:</p> <p><input type="checkbox"/> My check for \$_____ is enclosed. Please make check payable to: One Hundred Black Men, Inc.</p>	<p><input type="checkbox"/> Charge my credit card (circle one): MC, VISA, AMEX</p> <p>Card number: _____ EXP _____ 3-digit-code _____</p> <p>Billing address: _____ Zip Code: _____</p> <p>Signature: _____</p>
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**Please attach your resume, letter of recommendation, and check (if applicable) and mail to:
One Hundred Black Men, Inc. | 105 East 22nd Street | New York, NY 10010 | PH: (212) 777-7070**