



## **NABWMT Chapter Membership Form**

Complete this application form for Chapter Membership for the NABWMT: A Gay Multiracial Organization for All People and return with a check to NABWMT in the amount of \$150 to, P.O. Box 589, Hollywood CA 90078-0589. You may also pay on-line: [www.nabwmt.org](http://www.nabwmt.org). NABWMT is an IRS 501 (c)(3) tax exempt organization.

Chapter Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Would you like the NA to host your web site, or to cross link to your web site? We'll contact you for additional information. Please give name of your contact person/web master, their contact phone and e-mail address:

Chapter Web Master Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

	We have experts that may help the NA in these areas:	<i>We would like help</i> from the NA on these topics:	Comments:
Web or Newsletter Design, Blogging	<input type="checkbox"/>	<input type="checkbox"/>	
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	
Program & Event Planning, Decorations	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Medical	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching, Education	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Accounting, Fundraising, Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Fundraising, Budgeting, CPA	<input type="checkbox"/>	<input type="checkbox"/>	
Chapter Development	<input type="checkbox"/>	<input type="checkbox"/>	
Program & Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	
Photography, Videography	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	

*What specific things would you like the NA do? How can we improve our relationship with your chapter, or provide your members with unique services? Write on Back or Attach Additional Pages.*

By submission of this form, I am/we are certifying that our group is comprised of ten or more adults who support the NA's Statement of Purpose: "The NABWMT is a gay, multiracial, multicultural organization committed to fostering supportive environments wherein racial and cultural barriers can be overcome and the goal of human equality realized. To these ends the NA and it's local chapters engage in educational, political, cultural, and social activities as a means of dealing with the racism, sexism, homophobia, HIV/AIDS discrimination and other inequities in our communities and in our lives."

\_\_\_\_\_  
Signed (Officer(s), Title(s))

\_\_\_\_\_  
Date

**1. Officer Name:** \_\_\_\_\_ **Office Title: Co-Chair/President**

Race/Ethnic Background: AfAm/Black Cauc/White Latino Asian/Pacific Islander  
Native Am Mixed Other/Specify: \_\_\_\_\_

Phone: \_\_\_\_\_ Term of Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. Officer Name:** \_\_\_\_\_ **Office Title: Co-Chair/President**

Race/Ethnic Background: AfAm/Black Cauc/White Latino Asian/Pacific Islander  
Native Am Mixed Other/Specify: \_\_\_\_\_

Phone: \_\_\_\_\_ Term of Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. Officer Name:** \_\_\_\_\_ **Office Title: Treasurer**

Race/Ethnic Background: AfAm/Black Cauc/White Latino Asian/Pacific Islander  
Native Am Mixed Other/Specify: \_\_\_\_\_

Phone: \_\_\_\_\_ Term of Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

**4. Officer Name:** \_\_\_\_\_ **Office Title: Secretary**

Race/Ethnic Background: AfAm/Black Cauc/White Latino Asian/Pacific Islander  
Native Am Mixed Other/Specify: \_\_\_\_\_

Phone: \_\_\_\_\_ Term of Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

**5. Officer Name:** \_\_\_\_\_

**Office Title (Check Box or Write In):** Board Member Governing Council Steering Committee Council  
Other:

Race/Ethnic Background: AfAm/Black Cauc/White Latino Asian/Pacific Islander  
Native Am Mixed Other/Specify: \_\_\_\_\_

Phone: \_\_\_\_\_ Term of Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

**6. Officer Name:** \_\_\_\_\_

**Office Title (Check Box or Write In):** Board Member Governing Council Steering Committee Council  
Other:

Race/Ethnic Background: AfAm/Black Cauc/White Latino Asian/Pacific Islander  
Native Am Mixed Other/Specify: \_\_\_\_\_

Phone: \_\_\_\_\_ Term of Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

-----  
Comments: