

■ Membership & Donation Application



Complete this application form for Individual Membership for the NABWMT: A Gay Multiracial Organization for All People and return with a check to NABWMT: P.O. Box 90239, Atlanta, GA 30364. You may also pay on-line: www.nabwmt.org.

Membership:

National Individual Member — \$30/year.

Individual Life Member — \$1000 in any one year, one time.

Couples Membership, if individuals reside at the same address – \$48/year.

Tax Exempt Donations: \$

\$ Michael John Smith Scholarship for HIV Positive Persons needing financial assistance to attend National Convention

\$ Wendell Roberson Fund for persons unaffected by HIV, needing financial assistance to attend National Convention

\$ Student Scholarship Grant for those enrolled in approved academic programs

Individual #1 Name:

Individual #2 Name:

Mailing Address:

City: State: Zip: Country:

Phone: Fax:

Email: Local Chapter Affiliation:

None, But Am Interested in Joining/Forming One In My Area

I have interest and experience that may help the NA or my local chapter in these areas:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Web or Newsletter Design, Blogging | Comments: <input type="text"/> |
| <input type="checkbox"/> Social Activities | Comments: <input type="text"/> |
| <input type="checkbox"/> Program & Event Planning, Decorations | Comments: <input type="text"/> |
| <input type="checkbox"/> Writing | Comments: <input type="text"/> |
| <input type="checkbox"/> Medical | Comments: <input type="text"/> |
| <input type="checkbox"/> Teaching, Education | Comments: <input type="text"/> |
| <input type="checkbox"/> Legal Issues | Comments: <input type="text"/> |
| <input type="checkbox"/> Accounting, Fundraising, Grant Writing | Comments: <input type="text"/> |
| <input type="checkbox"/> Fundraising, Budgeting, CPA | Comments: <input type="text"/> |
| <input type="checkbox"/> Chapter Development | Comments: <input type="text"/> |
| <input type="checkbox"/> Program & Event Planning | Comments: <input type="text"/> |
| <input type="checkbox"/> Photography, Videography | Comments: <input type="text"/> |
| <input type="checkbox"/> Other, specify: | Comments: <input type="text"/> |

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

By submission of this form, I am/we are certifying my/our support of 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 its 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 #1

Signed #2

Date