



Join The Fight For Freedom During Our Membership Campaign.

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of Freedom bright!

MEMBER INFORMATION (Please print clearly.)

Mr. ___ Mrs. ___ Ms. ___ Date _____

Name _____

Address _____

City, State and Zip Code _____

Phone No. _____ Email Address _____

Unit Affiliation ___ Blue Hills Area Branch

Current Membership No. (if renewal, and if known) _____

MEMBERSHIP TYPE

___ \$30 Regular Annual Adult Membership

___ \$750 Life Membership -- Payable in 10 annual installments of \$75 or more in not than 10 years.

Amount enclosed _____

PAYMENT

Make Check Payable to: NAACP

Mail Application and Check to: NAACP

P.O. Box 320128

West Roxbury, MA 02132

THANK YOU FOR YOUR SUPPORT