# ALBEMARLE-CHARLOTTESVILLE BRANCH NAACP (7057)
# P.O. BOX 1522, CHARLOTTESVILLE, VA 22902 (434) 220-1493

# 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 burning bright!**

## 1 MEMBER INFORMATION *(please print clearly)*

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss ❑ Other _____ Date ____ ____ ____

First Name _____ M.I. ____ Last Name _____

Address _____ Apt./Suite ____

City _____ State ____ Zip ____

7057 Unit Affiliation

Current Membership No. *(if renewal)* _____

Phone No. ___ – ___ – ____ Email Address _____

Are You A Registered Voter? ❑ Yes ❑ No

Solicitor's Name _____

Campaign _____

## 2 MEMBERSHIP TYPE *(please check one)*

### REGULAR ANNUAL MEMBERSHIP

❑ **Regular Adult** *(Ages 21 & older)* . . . . . **$30***

❑ **Youth with Crisis Magazine** *(Ages 20 & under)* . . . **$15***

❑ **Youth without Crisis Magazine** *(Ages 17 & under)* **$10**

❑ **Annual Corporate** . . . . . **$5,000***

** Includes a 1-year subscription to The CRISIS Magazine*

*** Fully-paid Life Memberships include a 10-year subscription to The CRISIS Magazine*

*$6.00 per year of the membership fee will be applied toward your subscription to THE CRISIS*

### LIFETIME MEMBERSHIP

❑ **Junior Life** *(Payable in annual installments of $25 or more)* . . . . . **$100****
*(Ages 13 & under) ___/___/___ Date of Birth*

❑ **Bronze Life** *(Payable in annual installments of $50 or more)* . . . **$400****
*(Ages 14-20) ___/___/___ Date of Birth*

❑ **Silver Life** *(Payable in annual installments of $75 or more)* . . . . **$750****

❑ **Gold Life** *(Payable in installments of $150 or more)* . . . . . **$1,500****
*Only available to Silver or Regular Life Members*

❑ **Diamond Life** *(Payable in installments of $250 or more)* . . . . **$2,500****
*Only available to Gold or Golden Heritage Life Members*

## 3 PAYMENT

**Amount Paid $** _____ ❑ **MasterCard** ❑ **VISA** ❑ **American Express** ❑ **Cash**

**Credit Card Number** _____ ❑ **Check** *(checks and money orders should be made payable to: NAACP)*

**Name as it Appears on Card** _____ **Expiration Date** _____

**Authorized Signature** _____ **Or Pay by Credit Card Online at: www.NAACP.org**

# THANK YOU FOR YOUR SUPPORT