

Northern Virginia (NoVA) Section National Council of Negro Women, Inc. Membership Enrollment Form Join now and become part of the legacy!

Please Print

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Date:				
Salutation (Ms. Miss, Mrs., Mr.):				
First Name:	Middle:		Last Nam	ie:
Mailing Address:				
0:4	04-4		7:	
City: State:			Zip:	
Telephone:		Cell:		
<u> </u>	Renewing Member			
Member ID (renewing members only):				
Special skills:				
Committees: (Please select one or	r more)			
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	∃Health	_	rograms	□Ways & Means
□Bylaws □Fashion Show □	□Hospitality	□Nominating □P	ublicity	□Youth
I am joining as a direct member, my affiliate name is:				
Select your membership category:				
Youth \$2 ☐ Associate \$(0 ☐ fA YbŁ Leadership Circle \$150 ☐ Group Life \$750 ☐				
Student \$10 □ Partner \$50 □ Life \$500 □ Legacy Life \$1000□				
Annual \$(0 □ Advocate \$75□ Associate Life \$500 (men) □				
Make your check payable to NoVA NCNW (SAV003). Please mail the completed form with				
payment to NoVA Section SAV003 NCNW, P. O. Box 119, Merrifield, VA 22116.				
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Total Payment: Chec	k Number:	DUM	DU HTUDGUW	fjjcb Bia VYf.
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Signature:				
How did you boar about NoVA	Section?			
How did you hear about NoVA	Secuon:			
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NoVA Section of NCNW is a 501(c) (3) organization. For more information send email to novasection@novancnw.org or visit our website www.novancnw.org.

Welcome!