

**NEW JERSEY BLACK ISSUES CONVENTION ORGANIZATION  
MEMBERSHIP APPLICATION**

PO BOX 1843  
NEWARK, NJ 07101  
973-824-7463

NAME OF ORGANIZATION: \_\_\_\_\_

ORGANIZATION CONTACT INFORMATION: ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER (DAY): \_\_\_\_\_

PHONE NUMBER (EVENING) \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ORGANIZATION'S OFFICERS AND MEMBERSHIP INFORMATION:

PRESIDENT: \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

TOTAL NUMBER OF ORGANIZATION MEMBERS: \_\_\_\_\_

HOW MANY CHAPTERS COMPRISE YOUR ORGANIZATION: \_\_\_\_\_

IN WHICH COUNTIES ARE YOUR AFFILIATES LOCATED? \_\_\_\_\_

IS YOUR ORGANIZATION AFFILIATED WITH ANY STATEWIDE CONSORTIUM?

YES or NO

IF YES, PLEASE LIST THE ORGANIZATIONS:

\_\_\_\_\_

EXPLAIN WHY YOUR ORGANIZATION IS INTERESTED IN BECOMING A MEMBER OF THE NEW JERSEY BLACK ISSUES CONVENTION.

A) INDICATE HOW YOUR ORGANIZATION CAN CONTRIBUTE TO THE MISSION OF NJBIC

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B) WHAT TYPE OF STATEWIDE PROJECTS HAS YOUR ORGANIZATION UNDERTAKEN?

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WHAT TYPE OF STATEWIDE PROJECTS/ISSUES DOES YOUR ORGANIZATION RECOMMEND NJBIC UNDERTAKE IN THE FUTURE?

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DESIGNATED NJBIC REPRESENTATIVE:

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ALTERNATE NJBIC REPRESENTATIVE:

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SIGNATURE OF THE ORGANIZATION'S PRESIDENT:

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Note: Your application must be accompanied with a check or money order in the amount of \$150.00 made payable to New Jersey Black Issues Convention (NJBIC) in order to be considered for membership in NJBIC.

Please return the application and the membership fee to:  
New Jersey Black Issues Convention,  
PO Box 1843, Newark, NJ 07101.

**Please do not write below this line or on this page**

The following information must be completed by the 2nd Vice-Chairman of NJBIC.

Application fee enclosed.

Type of payment: \_\_\_\_\_

Decision the Board of Directors: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_