

BEC

Blacks **Electing** Conservatives

Blacks **Electing** Conservatives Membership Application

Personal Information:

Name: _____
First MI Last Suffix

HomeAddress: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

SpouseName: _____

Education:

College or University	Degree Earned	Year

Occupation Information:

Company /Business: _____ Industry: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____ Title: _____

I wish to receive all Board Communications at:

☐ Home Address and Email

☐ Business Address and Email

Committee Experience:

Organization	Your Role	Dates

Please Provide References

Skills/experience:

Check all that apply:

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Law | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Corporations | <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Membership | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Organization | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Management | <input type="checkbox"/> Other (Specify) |

Associations:

Please list contacts with, or membership in, the following, which might be helpful to BEC (check as many as appropriate; add specifics when possible)

- ☐ Local Corporations /Businesses _____
- ☐ Universities: _____
- ☐ Foundations: _____
- ☐ Religious Organizations: _____
- ☐ Professional Groups: _____
- ☐ Civic Groups: _____
- ☐ Social or Service Groups: _____
- ☐ Political Organizations: _____
- ☐ Local, State or National Government: _____

Membership Level: Please check.

- ___ General Member – \$500.00
- ___ Gold Member – \$600.00
- ___ Elite Member – \$800.00
- ___ Organizational Member – \$900.00

Print Name: _____

Signature: _____ **Date** _____

Board Recommendation: Yes: _____ No: _____

Chairperson sign: _____