

Join the 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!

Mr. Mrs. Ms. Miss Other ———		Dat	e ————
irst Name	M.I.	Last Name	
address		Apt. / Suite	
City		State	Zip
Phone No. Email Address			
'ampaign—————			
ampaign— o you wish to affiliate with your local NAACP Unit? Yes 2. MEMBERSHIP TYPE (please check one)	s □ No Unit name o	A Through	Gift Membership
Campaign— Do you wish to affillate with your local NAACP Unit? Yes 2. MEMBERSHIP TYPE (please check one)	s No Unit name of	A Through	Gift Membership SHIP