



MEMBERSHIP APPLICATION

_____ I subscribe to the purpose and goals of BAPAC and would like more information about the organization.

_____ I wish to become a member of BAPAC and enclose a check in the amount of \$_____ for my annual dues.

_____ I enclose an additional contribution of \$_____ to help BAPAC's work.

_____ I wish to become active in the _____ Committee/Special Caucus.

Please Print Clearly or Type

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ Fax: _____

Signature: _____

Note: Annual dues are listed at <http://www.bapac.org/membership>. (Dues are shared between the state organization and local chapters).

Make check payable to: **BAPAC, or
Black American Political Association of California**

_____ Please send BAPAC information to the following potential members.

Name: _____

Address: _____

City: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ Zip Code: _____