



Place an "X" next to  
the appropriate category:

New Member

Membership Renewal

Membership Reinstatement

27801 Euclid Avenue  
Suite 410  
Euclid, Ohio 44132  
Phone 216-361-9146  
Fax 216 361-9148  
[info@100blackmencleveland.org](mailto:info@100blackmencleveland.org)  
[www.blackmencleveland.org](http://www.blackmencleveland.org)

## MEMBERSHIP APPLICATION

**Name:**

\_\_\_\_\_  
First Middle Last

**Home Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Home Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**E-mail address(s)** \_\_\_\_\_

**Business Address** \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**Business Phone** ( ) \_\_\_\_\_ **Fax Number** ( ) \_\_\_\_\_

**Present Employment** \_\_\_\_\_

**Type of Firm/Organization** \_\_\_\_\_

**Position/Title** \_\_\_\_\_

***PERSONAL:***

Date of Birth: \_\_\_\_\_

Number of Children and Ages: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Interest/Hobbies: \_\_\_\_\_

Church Name: \_\_\_\_\_

***EDUCATION:***

College Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of College/University \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year \_\_\_\_\_

Graduate Degree? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of College/University \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year \_\_\_\_\_

Graduate Degree? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of College/University \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year \_\_\_\_\_

***ELECTED/APPOINTED OFFICIAL?*** Yes \_\_\_\_\_ No \_\_\_\_\_

Position(s): \_\_\_\_\_

Year(s) Elected/Appointed \_\_\_\_\_

Current Term(s) Ends \_\_\_\_\_

***BOARD MEMBERSHIP(S)?*** Yes \_\_\_\_\_ No \_\_\_\_\_

List Current Board(s) and Position(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***ORGANIZATIONAL MEMBERSHIP(S)?*** Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization(s) and Position(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **NON-REFUNDABLE PAYMENT CONSENT**

All Applicants for membership in the 100 Black Men of Greater Cleveland are required to pay a **fifty-dollar (\$50.00) non-refundable application fee**. This fee will cover the cost of processing the application.

I understand that my fifty-dollar (\$50.00) application fee is **non-refundable** and hereby give my consent to begin processing my application.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

### **AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION**

I authorize the 100 Black Men of Greater Cleveland, Inc. to perform a background check into the records of any law enforcement agency for the records of criminal convictions. I understand that in order for a thorough background check to be performed, I must provide my social security number and that all information will be kept *strictly confidential*. I also understand that any adverse information obtained will be considered in the decision whether to accept my membership application and /or limit the scope of my activities within the 100 Black Men of Greater Cleveland.

I authorize any individual or entity to reveal to the 100 Black Men of Greater Cleveland, Inc. the results of this criminal background check. I release the 100 Black Men of Greater Cleveland, Inc. and any individual or entity from any and all claims, losses, liabilities costs or expenses related to gathering and reporting this information.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



## CANDIDATE REFERRAL FORM

MEMBER'S  
NAME: \_\_\_\_\_

CANDIDATE'S  
NAME: \_\_\_\_\_

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE  
CANDIDATE? \_\_\_\_\_

WHY YOU BELIEVE THE CANDIDATE WILL BENEFIT THE ORGANIZATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OF GREATER CLEVELAND, INC.**

Signed (by a current 100 member) \*\*

Date

\*\*As a member, in good standing, of the 100 Black Men of Greater Cleveland, I understand that I will support, orientate and mentor this new member during his first (12) twelve months within our organization.

## APPLICATION INSTRUCTIONS

1. Have member in good standing complete the Candidate Referral Form
2. Complete the balance of the application.
3. Send the completed application (which must include the Candidate Referral Form) and a check for \$50.00 made out to: 100 Black Men of Greater Cleveland, Inc. to:

100 Black Men of Greater Cleveland, Inc.  
Membership Chairman  
27801 Euclid Avenue  
Suite 410  
Euclid, Ohio 44132

\*A complete application consists of, the completed application, the **completed Candidate Referral Form signed by a member in good standing** and the \$50.00 non-refundable application fee.

\*\* If your application for membership is approved, you will then be required to pay your annual membership dues of \$250.00.

If there are any questions, contact a member of the 100 BMOGC and they will direct you to the appropriate Membership Committee member for a proper response.

**OF GREATER CLEVELAND, INC.**