



Place an "X" next to
the appropriate category:

New Member__

Membership Renewal__

Membership Reinstatement__

13815 Kinsman Rd
Cleveland, Ohio 44120
(216) 354 - 0896

MEMBERSHIP APPLICATION

Name:

First

MI.

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

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
13815 Kinsman Ave.
Cleveland, Ohio 44120

*A complete application consists of, the completed application, the Candidate Referral Form 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.