



HILLSBOROUGH COUNTY BRANCH NAACP
MEMBERSHIP FORM

“Join The Fight For Freedom”

Please Print

Date: _____

BRANCH 5139

Mr./Mrs. Ms: _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

New Membership _____ Current Membership No. (if renewal) _____

Would you like us to send you a voter registration form? [] Yes [] No

Regular Annual Membership

- Regular Adult with Crisis \$30 []
- Youth with Crisis..... \$15 []
- Youth without Crisis..... \$10 []
- Annual Corporate..... \$5,000 []

Lifetime Membership

- Junior Life-(Ages 13 & under)
(date of birth_____)...... \$100 []
 - Bronze Life-(Ages 14-20)
(date of birth_____)...... \$400 []
 - Silver Life..... \$750 []
 - Gold Life..... \$1,500 []
 - Diamond Life..... \$2,500 []
- Only available to Gold or Golden Heritage

Method of Payment: Check [] Check Number [] Cash [] **Do Not Mail CASH**

MAILING INFORMATION

Please make checks payable to NAACP, and mail to:
Membership Department

National Association for the Advancement of Colored People
P. O. Box 4266, Tampa, Florida 33677

Thank you for your support.

OUR MEETINGS ARE THE 3RD THURSDAY's of each month at 7pm.

Call our office 23-I-VOTE (234-8683) for further information

Volunteer Opportunities

I am interested in volunteering for the following: Economic Development []; Education [];
Health []; Housing []; Legal Redress []; Membership []; Political Action [];

Religious Affairs []; Youth Works []; I would like to volunteer in the Office []

I am available weekly []; every other week []; once a month []

The hours that I am available are

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

The Office hours of the Branch are Monday-Friday, 8:00am to 5:00pm