

## Membership Application

### 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:
4. 100 Black Men of Greater South Bend.  
Membership Chairman  
2043 South Bend Avenue, PMB 345  
South Bend, IN 46637

\*\* If your application for membership is approved, you will then be required to pay your annual membership dues of \$150.00. The application process will take 30-45days

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

Additionally, you may direct any questions to your sponsor or [info@100blackmenofsouthbend.org](mailto:info@100blackmenofsouthbend.org)



Place an "X" next to the appropriate category:

**New Member** \_\_\_\_\_  
**Membership Renewal** \_\_\_\_\_  
**Membership Reinstatement** \_\_\_\_\_

2043 South Bend Avenue, PMB 345  
South Bend, IN 46637  
**574-303-8702**

## 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 South Bend 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 South Bend, 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 South Bend.

I authorize any individual or entity to reveal to the 100 Black Men of Greater South Bend, Inc. the results of this criminal background check. I release the 100 Black Men of Greater South Bend, 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

100

**BLACK MEN  
OF GREATER SOUTH BEND**

**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** \_\_\_\_\_

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\_\_\_\_\_

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

\_\_\_\_\_  
Date

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