



Individual Membership Application

Mail to: P.O. Box 927 Prince Frederick, MD 20678
Phone: 410-586-8883 * E-mail: cbwofcc@hotmail.com * Website: www.cbw-cc.org

Membership Information:

Last Name First Name M.I. Date

Street Address

City State

Telephone Number Email

Hobbies/Interests/Talent(s):

Mission Statement:

Our mission is to address issues in the community that include education, health, economic well-being, and improving the quality of life for African American women and their families.

Additional Information:

- Yes, I would like to be a member of Concerned Black Women of Calvert County (CBW). Enclosed is \$ ____ for my membership.
- I would like to receive information regarding CBW.
- I would like to make a donation of \$ ____ to support the initiatives of CBW.
- I would like my organization to become a CBW Partner.

Members are encouraged to participate in a CBW Committee. Please check the committee that you would like to join:

- | | |
|--|---|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Business/Career Development | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Health | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> History | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Voter Participation |
| <input type="checkbox"/> Legislation | <input type="checkbox"/> Youth |

Make check payable to Concerned Black Women of Calvert County, Inc., (CBW) * a non profit 501(c) 3 organization *