

# Concerned Black Men Inc. of Philadelphia

## Active Membership Application Form

(Please Print)

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_

First Name: \_\_\_\_\_

Date of Birth (MMDDYYYY): \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

*How did you learn about Concerned Black Men, Inc.?* \_\_\_\_\_

*Do you have any membership affiliations? If yes, please list.* \_\_\_\_\_

*Please list your personal interests and hobbies.* \_\_\_\_\_

*Circle programs you would be interested in participating.*

**Chess Club**   **College Tour**

**Mentoring Program**

**Book Club**

**Youth Recognition Banquet**

**Science Program**

**Black Boy to Manhood**

**Sport Program**

**Adopted School**

**Other:** \_\_\_\_\_

**Personal and Professional Reference (List at least two)**

1.	_____	_____	_____	_____
	(name)	(Address)	(Phone)	(Relationship)
2.	_____	_____	_____	_____
	(name)	(Address)	(Phone)	(Relationship)
3.	_____	_____	_____	_____
	(name)	(Address)	(Phone)	(Relationship)
4.	_____	_____	_____	_____
	(name)	(Address)	(Phone)	(Relationship)
5.	_____	_____	_____	_____
	(name)	(Address)	(Phone)	(Relationship)

To better serve the youth in our community, CBM needs to know how you can best serve them. Please answer the questions listed below:

- Would you prefer performing administrative duties for the organization?  
 Yes       No
- Would you prefer working directly with the youth involved with CBM?  
 Yes       No
- If your preference is working directly with youth do you have a “specialty”?  
 Yes       No      **Specialty:** \_\_\_\_\_
- Do you have a special project or idea that you would like to implement using the resources of CBM? Be mindful, the President and the Board of Directors must approve any new program or project.  
 Yes       No      **Project:** \_\_\_\_\_
- Do you have any funding resource contacts? Is this a personal contact?  
 Yes       No      **Name:** \_\_\_\_\_
- List any special talents you have that may be useful to the organization.  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
- Are you prepared to commit time and financial resources to CBM?  
 Yes       No
- Have you ever been involved with event planning or fundraising activities?  
 Yes       No
- Have you ever coach or been involved with organized sports working with children? If so what was the activity?       Yes       No      **Activity** \_\_\_\_\_
- Do you think your job would interfere with any of the programs, projects or activities sponsored by CBM? If yes, please explain.       Yes       No

**Explanation:** \_\_\_\_\_

*I am interested in becoming an Active Member of the Philadelphia Chapter of concerned Black Men, Inc. My signature certifies that to the best of my knowledge, all of the above information is true and accurate and that I give Concerned Black Men, Inc. Permission to verify and all information for accuracy as CBM deems necessary.*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Rec' by \_\_\_\_\_