

Martin County (5085-B, Youth: 57AO) NAACP Membership Form

Membership is the lifeblood of the NAACP. We depend on our members' generosity to ensure the NAACP's independence.
Your support will help keep the flames of freedom burning brightly.

Please Print Clearly.

Member Information: *Circle one-* Mr. Mrs. Ms. Miss Other: _____ Date: _____

First name: _____ Middle Initial: _____ Last Name: _____

Birth Date: _____ (mm/dd/yyyy) or (mm/dd)

Address: _____

City: _____ St: _____ Zip: _____

Phone Nos.: _____ (Cell Land Work) _____ (Cell Land Work)

Email Address: _____

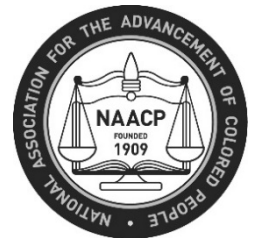
Preferred method of contact: *Circle One-* Mail Email Phone Text

Are You a Registered Voter? *Circle One-* No Yes (Vote by Mail? Yes No)

Unit Affiliation: **5085-B** or _____
Current Membership Number (if renewal)-

Date Started in NAACP: _____

Membership Type (Check One)	
Regular Annual Membership	Cash_ Check / C/C
Regular Adult (Ages 21 & older)	\$30.00 * 32
Youth with <i>The Crisis</i> magazine (Ages 20 & under)	\$15.00 * 16
Youth without <i>The Crisis</i> magazine (Ages 20 & under)	\$10.00 11
Annual Corporate	\$5,000.00 * 5209
* Includes a 1-year subscription to <i>The Crisis</i> magazine. \$6.00 per year of the membership fee will be applied toward your subscription to <i>The Crisis</i> magazine.	
Lifetime Membership	
Junior Life (Payable in annual installments of \$25 or more) (Ages 13 & under) Date of Birth: ____/____/____	\$100.00 ** 105
Bronze Life (Payable in annual installments of \$50 or more) (Ages 14-20) Date of Birth: ____/____/____	\$400.00 ** 417
Silver Life (Payable in annual installments of \$75 or more)	\$750.00 ** 782
Gold Life (Payable in annual installments of \$150 or more)	\$1,500.00 ** 1563
Diamond Life (Payable in annual installments of \$250 or more) (Only available to Gold or Golden Heritage Life Members.)	\$2,500.00 ** 2605
** Fully-paid Life Memberships include a 10-year subscription to <i>The Crisis</i> magazine.	



The Mission of the NAACP is to ensure the political, educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination.

Payment	
Amount Paid \$ _____	Cash Check (Checks & Money Orders should be made payable to NAACP)
* Credit Card Number: _____	CVV: _____ M/C Visa Am Express Discover
Name as it appears on card: _____	
Expiration Date: ____/____ (mm/yy)	
Authorized Signature: _____	

**Mail to: Martin County NAACP
PO Box 41
Stuart, FL 34995**

(Please see back.)

Business List-

If you would like your business name included in the monthly list of member businesses, please enter:

- Business name: _____

- Business phone: _____

- Email: _____

- Website: _____

- Description: _____

Office Hours- Tuesday & Thursday
11:00 AM to 1:00 PM
920 SE Martin Luther King Jr Blvd.
Suite 5
Stuart, FL 34995
(Not a mailing address)