



MEMBERSHIP APPLICATION *(Please print)*

FOR OFFICIAL USE ONLY

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**BLACKS IN GOVERNMENT
GREATER BOSTON CHAPTER**

c/o Sharon Edey
P. O. Box 6064, Boston, MA 02114-6064

Personal Information

Name

Last	First	Initial	
Home Address			
Street	City	State	Zip Code

Home Telephone: ()- - Business Telephone: ()- -

Employment Information

Employer

Business Address	Department	Agency	
Street	City	State	Zip Code

Check One: Federal State County/Local (Identify)_____

Membership Information

Application Type: New Renewal (Membership #:_____)

Membership Type: Member Associate Lifetime

Your email Address: _____

Annual membership fee for the National Chapter is \$35.00. Annual associate membership fee is \$25.00. The Greater Boston Chapter annual membership fee is \$15.00 and payable along with the National fee. Eligibility for Chapter membership is contingent upon National membership. Lifetime membership fee is \$300.00 (payable once).

Approval

Signature: _____ Date: _____

CHANGE OF ADDRESS SECTION *(Complete if applicable during renewal)*

Name

Last	First	Initial	
Old Address			
Street	City	State	Zip Code

New Address	Street	City	State	Zip Code
	Street	City	State	Zip Code

Old Telephone: ()- - New Telephone: ()- -