

Afro-American Club

Post Office Box 641103

	Beverly Hills, F http://Afro-Ame		Dete
		c	Date:
Member Information			
First Name:	MI:	Last Name:	
Home Address: City:	State:	Zip:	
Home Phone:		Cell:	
Birth Date: (MM/DD Only	<i>y</i>)		
E-Mail: W ould you	contribute exper	tise in the fo	ollowing areas?
	() Government	() Fundraising	
Would you like to serve on the	following committees?		
() Communications	() Membership	() Planning	() Education
Are you willing to help in Fund	l Raising efforts to?		
() Secure resources (teams an () Recruit friends to attend ev			
Applicant Signature:			

Please submit application with a \$20.00 membership fee to:

Afro-American Club of Citrus County

Membership Committee PO Box 641103 Beverly Hills, FL 34464