|  |  |
| --- | --- |
| **African American Community Roundtable**www.aacr-howard.org |  P.O. Box 958 Columbia, MD 21044 Email: aacrhoward@gmail.com Facebook: AACRHoward Twitter: @AACRHoward |

AFRICAN AMERICAN COMMUNITY ROUNDTABLE

OF HOWARD COUNTY, MD

**Organization Membership Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: |  |  |  |
|  |  |  |  |
| Organization President/Leader: |  |  |  |
| Names of Other Organization Representatives: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Organization Address: |  |  |
|  | *Address / PO Box* |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Website:  |  | # Members in Howard County Organization: |  |
| Email Address:  |  | Phone: |  |
| This Application is for … ? | New Membership  | Renewal of Prior Membership |

**Fees & Payment & Signature**

**ANNUAL MEMBERSHIP DUES** – Due Annually by December 31 at $100 per year

New Membership is granted after completion and receipt of the above application; annual dues; and upon a majority vote of the AACR voting body.

**Please make your check payable to African American Community Roundtable**

**Mail Payment to:**African American Community Roundtable of Howard County, Maryland c/o Financial Secretary
P.O. Box 958, Columbia, MD 21044

I, named above as a leader in the above named organization, authorize submission of this membership application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |