NAACP
OAKLAND BRANCH

PO BOX 1319, OAKLAND, CA 94604
OFFICE 510-652-8493 / CELL 510-927-0133
naacpoaklandbranch@gmail.com www.naacpoakland.org
#comehome

MEMBER INFORMATION *(please print clearly)*

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Other _____ Date ___ MM ___ DD ___ YY

First Name _____ M.I _____ Last Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

1051-
Unit Affiliation _____ Current Membership No. *(If renewall)* _____

( ) _____ _____ Phone No. _____ Email Address _____

Are you A Registered Voter ? ☐ Yes ☐ No _____ Solicitor's Name

Campaign _____

MEMBERSHIP TYPE *(please check one)*

REGULAR ANNUAL MEMBERSHIP

☐ **Regular Adult**..... *(Ages 21 & Older)* **$30***

☐ **Youth with Crisis Magazine**.... *(Ages 15& Under)* **$15***

☐ **Youth without Crisis Magazine**..... *(Ages 17& Under)* **$10***

☐ **Annual Corporate**,,,