



# Women in the NAACP OAKLAND BRANCH

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#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 renewal)* \_\_\_\_\_

( ) \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Were you referred by a current member ? \_\_\_\_\_  
 Yes  No Member's Name \_\_\_\_\_

## MEMBERSHIP TYPE

### (WIN) WOMEN IN THE NAACP ANNUAL MEMBERSHIP

ANNUAL MEMBERSHIP ..... *(Ages 21 & Older)* ..... \$10\*

## PAYMENT

        

*Checks and money orders should be made payable to NAACP*

Amount Paid \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Or Pay by Credit Card online at: [www.NAACP.org](http://www.NAACP.org)