



National Coalition of 100 Black Women, Inc.  
Oakland/Bay Area Chapter  
Membership Application

Application Fee \$50 (non-refundable)

**A. BASIC INFORMATION**

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City County State Zip Code

( ) ( ) ( )  
Home Number Work Number Mobile

\_\_\_\_\_  
E-mail Address Date of Birth (mm/dd)

\_\_\_\_\_  
LinkedIn Profile Link Facebook Profile Link

**B. SPONSOR\* (\*Two Letters of Recommendation is required from NCBW Member and/or Community Member)**

( )  
Name: Phone Number

**C. PRESENT EMPLOYER/BUSINESS**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Type of Business/Industry E-mail Address

**D. EDUCATION\* (\*A Professional Headshot is required to be included with application.)**

DEGREE	SCHOOL OR UNIVERSITY
_____	_____
_____	_____
_____	_____



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**E. BUSINESS AND PROFESSIONAL AFFILIATIONS (within the last five years)**

NAME SERVICE	POSITION HELD	PERIOD OF
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**F. COMMUNITY AND CIVIC AFFILIATIONS**

NAME	POSITION HELD	PERIOD OF SERVICE
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**G. AWARDS AND RECOGNITIONS**

TITLE OF AWARD	ORGANIZATION	DATE
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**H. COMMITMENTS**

1. What contributions have you made within your professional affiliations?

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## Oakland/Bay Area Chapter

### Membership Application

2. What contributions have you made to your community or through your civic affiliations?

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#### I. RESOURCES AND SKILLS

What resources and\_ special skills are you willing to share with the Coalition to help advance its goals and programs? (i.e., financial, time, networking, etc.)

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#### J. AREA(S) OF INTEREST (Check all areas of interest)

- |   |  |
|---|--|
| <input type="checkbox"/> Budget & Finance       | <input type="checkbox"/> By-Laws/Policies and Procedures |
| <input type="checkbox"/> Health                 | <input type="checkbox"/> Education/Mentoring             |
| <input type="checkbox"/> Political Advocacy     | <input type="checkbox"/> Economic Empowerment            |
| <input type="checkbox"/> Grants and Foundations | <input type="checkbox"/> Signature Events (Fundraising)  |
| <input type="checkbox"/> Corporate Relations    | <input type="checkbox"/> Membership                      |
| <input type="checkbox"/> Public Relations       | <input type="checkbox"/> Marketing                       |

#### K. EXPERTISE (Check all areas of interest)

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Finance             | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grant Writing    | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Administration      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Marketing        | <input type="checkbox"/> Legal          | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Accounting     | <input type="checkbox"/> Education/Mentoring | <input type="checkbox"/> Other _____ |



# National Coalition of 100 Black Women, Inc.

## Oakland/Bay Area Chapter

### Membership Application

#### L. SIGNATURE OF COMMITMENT

By submitting this signed application, I am expressing my interest in becoming a member of the **Oakland/Bay Area Chapter of the National Coalition of 100 Black Women, Inc.** If accepted for membership I will support this organization through my active involvement and contributions to its programs and activities. I will further adhere to the organization's bylaws, policies, and procedures while respecting the leadership and promoting sisterhood. I also consent to a background check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### M. PUBLICITY RELEASE

If accepted to become a member of the Oakland/Bay Area Chapter of the National Coalition of 100 Black Women, Inc. ("Organization"), I understand that the Organization may use images and sound recordings of Organization activities in local, national, and/or international media including, but not limited to, printed materials, Organization websites, videos, and television broadcasts. I further understand that I may appear in photographs, video recordings, and voice recordings (collectively "Images") taken by Organization or third parties. Therefore, I give permission for Organization to use such Images of me in accordance with these provisions. For purposes that support of Organization's mission, I give Organization the right to use, publish, reproduce, modify, adapt and distribute Images at any time in any manner or medium, including without limitation use in print materials, presentations, the Internet, television, mailed promotions, exhibits, and press releases. I understand that my name, photograph, voice or likeness may be used for all promotional purposes related to Organization and its sponsors and beneficiaries. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. I understand that I will receive no payment will for the use of the Images. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns and legal representatives. I agree, for myself, my heirs, executors and administrators, now and in the future, to not sue, and to release, indemnify and hold harmless, Organization, staff, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in Organization and related activities, including use of the Images – whether it results from the negligence of any of the above or from any other cause. I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that by signing this Waiver and Release of Liability, I am waiving substantial legal rights, including the right to sue, and knowing this, I sign it of my own free will.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Thank you for your interest in the National Coalition of 100 Black Women, Inc.,  
Oakland/Bay Area Chapter. Please email your completed application along with two letters of  
recommendations to: [membership@onehundredblackwomen.org](mailto:membership@onehundredblackwomen.org)