



**OF LOUISVILLE, INC.**

**MEMBERSHIP APPLICATION**

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Educational Affiliations:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate/Professional Schools: \_\_\_\_\_

**Volunteer, Youth, Nonprofit, Mentoring Experience:**

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Please describe the reason(s) you are interested in joining the 100 Black Men of Louisville, Inc., and describe what you can contribute to the organization:

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### **Professional/Community Affiliations**

Please list any professional or community organizations that you belong to:

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### **Membership Types (See attached sheet)**

*Failure to meet the requirement of any of the membership tiers may result in termination of membership in the organization. The negligence will be reviewed by the membership committee AND chapter president before the termination occurs.*

Probate Membership \_\_\_\_\_ Active Membership \_\_\_\_\_ Sponsorship Membership \_\_\_\_\_  
Honorary Membership \_\_\_\_\_ Other \_\_\_\_\_ (\_\_\_\_\_)

### **Committees**

The Bylaws of the Chapter requires (Probate, Active and Sponsorship) members to join at least one of the committees of the Chapter in addition to actively participating in the Chapter meetings and events. Please indicate which of the following committees you are interesting in joining:

Mentoring \_\_\_\_\_ Health & Wellness \_\_\_\_\_ Economic Empowerment \_\_\_\_\_  
Education \_\_\_\_\_ Membership \_\_\_\_\_

I understand and agree that the \$75.00 initiation fee submitted with this application is non-refundable in the event that I am not granted membership in the 100 Black Men of Louisville, Inc. In the event I am approved for membership, I acknowledge that I must pay the annual membership fee and abide by the Bylaws and Policies and Procedures of the organization. I also acknowledge that the Bylaws require members to sell/purchase tickets (1 table) to the Annual Derby Gala.

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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(Sponsor's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_