

MEMBERSHIP APPLICATION
 "My Commitment to the Empowerment, Health and Well Being of Black Women"

APPLICANT INFORMATION

Name:	E-mail:	Work Phone:
Birth day (year not required):	Phone:	FAX:
Home address:		
City:	State:	ZIP Code:
Mailing address:		
Mailing City:	Mailing State:	Mailing ZIP Code:

ORGANIZATIONAL/EMPLOYER INFORMATION

Organization/Employer Name:		
Organization/ Employer address:		Title:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

SIGNATURES

How would you like us to contact you? Phone US Post Office Fax E-mail

Signature of applicant:	Date:
Signature of organization contact <i>(only if for a corporate or non profit membership)</i> :	Date:



Black Women for Wellness is on a mission! A mission of commitment to the empowerment, improved health and well being of Black Women. Through preventive health education, self-empowerment and support groups, rites of passage, traditional celebrations and shared information we are building community and health. Black Women for Wellness is a membership organization, with membership renewable on an annual basis. Membership is open to all women and men of honorable intent to promote the health and well being of Black women and our families.

___ Yes, I want to be a part off BWW's mission. Enclosed is my membership fee
 Please Make your Check Payable to Black Women for Wellness
 Mail this form with your check or money order to
Membership, Black Women for Wellness
P.O. Box 292516 Los Angeles CA 90029
Phone 323 290 5955

Individual Annual Fee: \$65	
Organization Budget Size Organization Membership Fee	
Less than 250K	\$250 Annually
251K - 499K	\$500 Annually
500K - 1mil	\$1000 Annually
1 mil - 5 mil	\$5000 Annually (1000 per mil in budget)
5 mil and up	\$5500 Annually

Visit us online for more information: www.bwwla.com