BPC-CHARLOTTE MEMBERSHIP APPLICATION FORM

Mission Statement:
Through a shared vision and commitment to those we serve, the Black Political Caucus of Charlotte-Mecklenburg will promote and enhance the power and welfare of the Black community through advocacy and education and a consistent voice in matters of education; economics; cultural, social, civic welfare; and political activity within the Charlotte-Mecklenburg metropolitan area.

Black Political Caucus of Charlotte-Mecklenburg

PO Box 16550
Charlotte, NC 28297
www.bpc-charlotte.org
blackpoliticalcaucus@gmail.com

PERSONAL INFORMATION

NAME OF MEMBER _____
First Last

MAILING ADDRESS _____
Street Apt

_____
City/State/Zip

CONTACT PHONE _____ (Home) _____ (Cell)

EMPLOYER _____

OCCUPATION _____

EMAIL ADDRESS _____

VOTER INFORMATION

VOTING PRECINCT #	
VOTING PRECINCT LOCATION	
CONGRESSIONAL DISTRICT	
SENATE DISTRICT	
HOUSE DISTRICT	
COUNTY COMMISSIONER DISTRICT	
SCHOOL BOARD DISTRICT	
TOWN BOARD DISTRICT	

COMMITTEE SELECTION (Descriptions of each on back of form)

☐Membership ☐GOTV ☐Issues/Candidates ☐Education
☐Budget/Finance ☐Legislative ☐Community Affairs ☐Courtesy
☐Publicity ☐Banquet ☐Economic Development

Signature _____ **Date** _____

FINANCIAL INFORMATION---DO NOT WRITE BELOW THIS LINE---FOR OFFICIALS ONLY

Information Logged by _____ _____ (Initials/Date)
☐New Member: Date Received _____ Date Eligible to Vote _____
☐Lifetime Member ☐Honorary Member/Renewal Date: _____
☐ Member Renewal: Date _____
Method of Payment: ☐Cash ☐MO/Cashier's Check ☐Personal Check # _____
Change Given _____ Check # _____ ☐Campaign Check # _____
Name of Campaign Account _____

☐Mail
☐Hand Delivered by _____
☐Meeting/Event