

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