



Miami Chapter – Founded 1977 MEMBERSHIP RENEWAL

Name _____
First Middle Initial Last

Home Address _____ Work Address _____

_____ City State Zip Code _____ City State Zip Code

Home Tel. _____ Work Tel _____

Fax _____ Cellular _____

Other Tel _____ E-mail _____

My Birthday is on (month/day) _____ I have been a member since (year) _____

Committees I wish to belong to (Check all that apply) :	Membership Dues (Circle One) :
Awards	Active \$50
Cultural	Associate \$50
Fund Raising	Student (18 yrs or older) \$25
Issues	Youth (10 –17 yrs old) \$15
Membership	Corporate \$150
Newsletter	Voluntary Contributions
Program	Scholarship Fund
Publicity	Thanksgiving Fund
Scholarship	Total Dues & Contributions \$
Telephone	MAKE CHECK PAYABLE TO: NACOPRW Miami Chapter P.O. Box 170444 Miami Gardens Branch Hialeah, FL 33017
Treasury	
Youth	

Signature _____ Date _____

NACOPRW IS A NON PROFIT TAX EXEMPT ORGANIZATION UNDER THE IRS 501(c)3
 CHARTER. YOUR DUES & CONTRIBUTIONS ARE DEDUCTIBLE FOR INCOME TAX PURPOSES

FOR OFFICE USE ONLY

Date Received _____ By _____ Pd. Ck # _____ or cash _____

Amts Pd for: Dues \$ _____ Xmas \$ _____ Scholar \$ _____ Thanks \$ _____ Other \$ _____