

## Nonprofit Membership Application Form

INDIVIDUAL MEMBER
CATEGORIES & BENEFITS

## **OUR FIVE-YEAR STRATEGIC VISION**

- Expand services & programs to the Tampa Bay Area
- Be a catalyst for community revitalization through new and existing housing & training programs
- Increase graduation rate of African Americans
- Be a leader in the development, training and support of entrepreneurs
- Grow small and minority businesses
- Expand and create new youth development, education and career training opportunities
- Support the reduction of crime through collaborations and partnerships

## Please Check One

|   | jenerai member  |   | \$25                |
|---|---|---|---------------------|
| Membership Card; Recog events via e-mail                      | nition in Annual Report; Invitation to events                         | and activities; Subscription to newsletter; General info  | rmation and         |
| Special Member.   |   |   | \$50                |
|   |   | port; Invitations to events and activities; Subscription to<br>k America, a National Urban League Publication (Upor |                     |
|   |   | r   |                     |
| activities; Subscription to                                   |   | Recognition and copy of Annual Report; Invitations to e via e-mail; Complimentary copy of The State of Black        |                     |
|   |   |   |                     |
| Membership Certificate; V<br>League Publication (Upor         |   | mplimentary copy of The State of Black America, a Na  | tional Urban        |
|   | ard; Website and Annual Report Recognitio                             | n; Complimentary copy of The State of Black America,  |                     |
| Orban League i ublication                                     | (-1 1 7   |   |                     |
| Name:   | (1)   |   |                     |
| <u> </u>  | State:  | Zip:  |                     |
| Name: Address:  |   | Zip:<br>E-mail:   |                     |
| Name: Address: City: Phone:                                   | State:<br>Fax:  | E-mail:   | hill My Credit Card |
| Name: Address: City: Phone:Annual                             | State: Fax:  Membership Dues Amount                                   | E-mail: Check Enclosed Please   | ·                   |
| Name: Address: City: Phone: Annual Check - Payable to Payable | State: Fax:  Membership Dues Amount inellas County Urban League, Inc. | E-mail:  Check Enclosed Please c., 333 31st Street North, St. Petersburg, FL  | ·                   |
| Name: Address: City: Phone: Annual Check - Payable to Payable | State: Fax:  Membership Dues Amount                                   | E-mail:  Check Enclosed Please c., 333 31st Street North, St. Petersburg, FL  | ·                   |
| Name: Address: City: Phone: Annual Check - Payable to Pi      | State: Fax:  Membership Dues Amount inellas County Urban League, Inc. | E-mail:  Check Enclosed Please c., 333 31st Street North, St. Petersburg, FL  ver                                   | ·                   |

All Memberships and Contributions are Tax Deductible!