

MEMBERSHIP APPLICATION

(Please Print)

Please check one:

Ms. Mrs. Mr. Rev. Dr.

Name _____

Address _____

City/State _____

Zip Code _____

Telephone _____

- | | |
|--|----------|
| <input type="checkbox"/> Associate Membership | \$10.00 |
| <input type="checkbox"/> Small Business/Church | \$100.00 |
| <input type="checkbox"/> Business/Corporate | \$500.00 |
| <input type="checkbox"/> Contributor | |

Mail to address:

Black Community Developers Program, Inc
4000 W. 13th Street
Little Rock, AR 72204
(501) 663-7223