



Join The Fight For Freedom During Our Membership Campaign.

Membership is the life-blood of the NAACP. We depend on our members' generosity to insure the NAACP's independence. We depend on you to keep the flames of Freedom bright!

MEMBER INFORMATION (Please print clearly.)

Mr. ___ Mrs. ___ Ms. ___ Date _____

Name _____

Address _____

City, State and Zip Code _____

Phone No. _____ Email Address _____

Springfield Branch Solicitor's Name _____

Current Membership No. (if renewal, and if known) _____

MEMBERSHIP TYPE

_____ \$30 Regular Annual Adult Membership

_____ \$750 Payable in annual installments of \$75 or more

Amount enclosed _____

PAYMENT

Make Check Payable to: **NAACP**

Mail Application and Check to: **NAACP**

P.O. Box 90163

Springfield, MA 01139

THANK YOU FOR YOUR SUPPORT