



## Concerned Black Women Calvert County MD-- Individual Membership Application

Make check payable to CBW and mail to: P.O. Box 927 Prince Frederick, MD 20678  
Phone: 443.550.1229 \* Email: [cbwofcc@gmail.com](mailto:cbwofcc@gmail.com) \* Website: [www.concernedblackwomencalvertcounty.org](http://www.concernedblackwomencalvertcounty.org)  
Annual Membership Dues: **\$50.00 Annually**

*Membership Information:* Date: \_\_\_\_\_

Last Name

First Name

M.I.

Street Address

City

State

Telephone Number

Email

Hobbies/Interests/Talent(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Mission Statement*

*Our mission is to address issues in the community that include education, health, economic well-being and improving the quality of life for African American Women and their families.*

### *Additional Information*

- Yes, I would like to be a member of Concerned Black Women of Calvert County (CBW).  
Enclosed is \$ \_\_\_\_\_ for my annual membership dues.
- I would like to receive information about CBW.
- I would like to make a donation of \$ \_\_\_\_\_ to support CBW initiatives.
- I would like my organization to become a CBW Partner.

Members are encouraged to participate in a CBW Program Activity. Please check your area of interest that you want to be involved.

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|---|--|
| <input type="checkbox"/> Bylaws               | <input type="checkbox"/> Membership              |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Newsletter              |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Finance                 |
| <input type="checkbox"/> Publicity            | <input type="checkbox"/> Health                  |
| <input type="checkbox"/> Resource Development | <input type="checkbox"/> History                 |
| <input type="checkbox"/> Scholarship          | <input type="checkbox"/> Housing                 |
| <input type="checkbox"/> Voter Participation  | <input type="checkbox"/> Legislative Issues      |
| <input type="checkbox"/> Youth                | <input type="checkbox"/> Other (Please describe) |