



www.BPNJonesboro.org ♦ Email: blackprofessionalsnetworkjb@gmail.com

APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name: _____
Current Address: _____ City: _____
State: _____ Zip: _____ Contact Number: _____
Email: _____ Date of Birth: _____

EMPLOYMENT INFORMATION

Present Occupation: _____
Company or Institution: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

METHOD OF PAYMENT

\$50.00 Membership Dues (Jan 1, 2019 - Dec 31, 2019)

\$25.00 Student Membership Dues (Undergraduate Only - Must include current class schedule)

Amount paying: _____ Cash: _____ Check: _____ Money Order: _____ PayPal _____ Cash App _____

Make checks payable to: BPN of Jonesboro - P. O. Box 1673 State University, AR 72467

COMMUNITY ASSOCIATIONS, HOBBIES and INTERESTS

1. _____ 2. _____

3. _____ 4. _____

Signature: _____ Date: _____

Received Date: _____ Received by: _____
Membership Number: _____ Membership Expiration Date: 12/31/19