



## BLACK WOMEN IN SISTERHOOD FOR ACTION

### MEMBERSHIP APPLICATION

New \_\_\_\_\_ or Continuing \_\_\_\_\_, Year \_\_\_\_\_  
(Please check one)

I wish to join BLACK WOMEN IN SISTERHOOD FOR ACTION, Inc. (BISA)

\_\_\_\_\_ Enclosed is \$100 to cover annual dues for \_\_\_\_\_ calendar year.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Areas of experience (both Work and Volunteer) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I volunteer to help do the following: (Please check all area(s) )

- \_\_\_\_\_ Scholarship Assistance Program
- \_\_\_\_\_ Senior Partner Program
- \_\_\_\_\_ Calendar Project
- \_\_\_\_\_ Newsletter
- \_\_\_\_\_ Creative Fundraising
- \_\_\_\_\_ Grant Writing & Proposal Writing
- \_\_\_\_\_ Marketing & Public Relations
- \_\_\_\_\_ Travel Program (Africa, Brazil, etc.)
- \_\_\_\_\_ Membership Expansion
- \_\_\_\_\_ Data Entry/Office Assistance
- \_\_\_\_\_ Other Areas of Interest (Please specify)

\_\_\_\_\_

Please enclose your check or money order (\$100) Payable to: BISA  
Mail to: BISA, P.O. Box 1592, Washington, DC 20013

I was referred by \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE: Membership is on an annual basis (annual review is necessary)**