1 Member Information (please print clearly)	
[]Mr. []Mrs []Ms []Other First Name	
Address:	
City:	State: Zip
Phone # Ema	il:
Are you a registered voter? [ ] Yes [ ] No	<u>Unit # 3152 (Adult) Unit # 3777 (Youth)</u>
2 Membership Type (please check one)	
Regular Annual Membership  [ ] Regular Adult (21 yrs & older)	Lifetime Membership  [ ] Junior Life (Payable in annual installments of \$25 or more) \$100**
3 PAYMENT	
Amount Paid \$ [ ] Mas	stercard [ ] VISA [ ] AMEX [ ] Cash
Card Number	[ ] Check (Make check payable to NAACP Saginaw Branch)
Name as it appears on card	Expiration Date

## THANK YOU FOR YOUR SUPPORT

**Authorized Signature**