



MEMBERSHIP APPLICATION

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**REGION IX  
BLACKS IN GOVERNMENT  
Pacific Ocean Chapter  
P.O. Box 163  
111 Hekili Street, Suite A  
Kailua, Hawaii 96734-2800**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Initial Area Code Number

Home Address \_\_\_\_\_  
Street

City State Zip Code

Employed by \_\_\_\_\_  
Department Agency (Spell Out)

Business Address \_\_\_\_\_  
Street City State Zip Code

Fax Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

( ) Federal ( ) State ( ) Local

Type of Membership ( ) New ( ) Renewal - Membership Number \_\_\_\_\_

( ) Regular Member ( ) Life Member ( ) Associate Member

Regular Membership fee is \$35.00 per year plus local chapter dues of \$10.00 per year and the Regional assessment of \$5.00 per year. Associate Membership: \$25.00 per year plus local chapter dues of \$10.00 per year and the Regional assessment of \$5.00 per year. Life Membership is \$300.00. Local chapter dues are \$10.00 per year and the Regional assessment of \$5.00 per year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHANGE OF ADDRESS FORM**

Name \_\_\_\_\_

Old Address \_\_\_\_\_  
City State Zip Code

New Address \_\_\_\_\_  
City State Zip Code

Old Phone Number \_\_\_\_\_ New Phone Number \_\_\_\_\_

Old Email Address \_\_\_\_\_ New Email Address \_\_\_\_\_