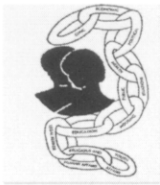


DURHAM COMMITTEE ON THE AFFAIRS OF BLACK PEOPLE

PERSONAL MEMBERSHIP FORM

Name: _____
Last First MI

Address: _____
City/State Zip

Contact Info: _____
Phone # Email

Other Organizational Memberships: _____

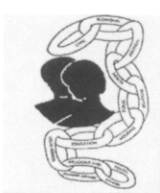
Church Membership: _____

Voting Precinct/ Name and number: _____

Sub-Committee Group Interest/ Circle all that apply:

Civic/Public Relations	Economic	Education	Health	Housing
Legal Redress	Political	Youth	Religious & Human Affairs	

Date Dues Paid: _____ **Amount:** _____



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