

# Collective Black People Movement Membership Application

Please complete the following information. When completed, send to: admin@cbpm.org

1. Name: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_    
first last nickname male female

2. Mailing Address: \_\_\_\_\_  
street number street apartment number

\_\_\_\_\_ City state zip Country

3. Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
Cell Home

4. Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

5. Birthday: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Date/Year City/Country

6. How did you hear about the Collective Black People Movement? \_\_\_\_\_

\_\_\_\_\_

7. What special skills do you have that can benefit our people? \_\_\_\_\_

\_\_\_\_\_

8. Education: List your High School, Trade School, College, University, and Military Experience Below along with the location and the subject(s) studied.

Name of School (H.S., Trade, College, Univ.)	City & State	Subject Studied	Years Attended

9. Work Experience: List the areas of work that you are capable of doing for your people:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

10. Do you have a Business? Yes/no. If yes, list it (them) below, so that we can advertise your business to the members of the CBPM. Please submit a business card and/or Flyer with application.

Name	Type	Location Address	City	State	

