

# Membership Form

Suggested Minimum Membership for a year

Corporate Membership	\$1,000.00
Institutional Membership	\$500.00
Church Membership	\$100.00
Donor Membership	\$50.00
General Membership	\$20.00
Student Membership	\$5.00
Donation	\$ _____

Renewal (  )                      New (  )

Membership expires on February 1<sup>st</sup> of each year

Date: \_\_\_\_\_

Total Amount enclosed \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_

Business \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please mail this portion to:  
Membership Chairperson  
The Black Archives Foundation  
Joseph Caleb Community Center  
5400 N.W. 22<sup>nd</sup> Ave., Bldg. C  
Miami, FL 33142