

**National Black Child Development Institute
Membership Application**

Please check one

Student Membership \$20

Agency Membership \$100

Individual Membership \$35

Sponsoring Individual \$100

Sustaining Membership \$150

Non-membership contribution \$ _____

Please support our local affiliate

Local Affiliate dues \$15

Total Amount Due \$ _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-mail address: _____

Occupation: _____

Organization: _____

Please make check or money order payable to:

**BCDI-Milwaukee Affiliate
6618 North Teutonia Avenue
Milwaukee, WI 53209**