

## of San Antonio, INC Post Office Box 40284 San Antonio, Texas 78229

www.100BlackMenofSanAntonio.org

## **MEMBERSHIP APPLICATION**

Application	Date															
First name				Middle name					Last name							
Business N	ame															
Business A	ddress															
City					S	tate					Zip					
OCCUPATION/PROFESSION (If retire					, last Occupation					Position						
occupation or profession)																
HOME ADDRESS																
City				State						Zip						
Home Phone				Mobile						Business						
Email 1 (Primary)																
Email 2 (Alt	ternate)													•		
College						Degree	!								ar	
College						Degree	!							Ye	ar	
College	College				Degree							Ye	ar			
MILITARY SERVICE																
Br of Svc:					Highest Rank:					Yr	s of	Svc				
					FA	MILY IN	FOF	RMAT	ION						1	
Hometown	(City, Sta	ate)								Yr mov	ed to S	an A	Anton	io		
Marital Status (Single, Married,					If Married, Spouse Name					Date of Marriage						
Divorced, Widow)											M	M/DD	/YYY	Υ		
Birth Date (MM/DD/YYYY)				1	Spouse Birth Date (					Date (N						
Names & Ages of Children			N	Names & Ages of Children					Names & Ages of Children					en		
COMMUNITY/PROFESSIONAL AFFILIATIONS:																
HOBBIES, ACTIVITIES, & INTERESTS:																
COMMITTEE INTERESTS (Indicate with an "X")																
Mentoring				Health & Wellness						Economic Development						
Finance					Public Relations/Marketing					ng	Leadership Development					
Gala					In-School Mentoring					Other						



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Describe what you can br	ing or do to f	oster the	mission of the 10	00:			
ack Ground Check Complet	ted on:						
application Received by			Committee Action	n	Approve	Disapprove	Date
nembership Chair Nembership Signature							
membership signature							
		Во	ard Action				
resident Signature							



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A background check is required because some of the work done by the 100 Black Men of San Antonio involves children. All of the following is required. Passing a background check is a condition of membership. All information will be kept confidential. Results reported to the 100 Black Men of San Antonio will be a Pass/ Fail.

(Please Print Legibly)									
Permission to conduct a general background check: Yes No									
I, give permission for the 2 understand that one or m  Texas Department  National Sex Offen  San Antonio Police  National Criminal E  Department of Tra	ore of the f of Public Sa der Departme Background	following cha aety Crimina nt I Check	eck may be conducte		nal background check. I				
First name Middle name			Last name		Other names used				
Date of Birth (DD/MM/YY	YY)		Social Security Number vers License						
	=								
Number		State o	t issue		Expiration date				
Signature			Date:						
Signature			Dutc.						