MEMBERSHIP QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN

NAME	SPOUSE			
ADDRESS	APT.	······································		
CITY	STATE	ZIP		
TELEPHONE	www.com.com/com/com/com/com/com/com/com/com/com/			
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YOU HAVE A BLACK GROUP, WHAT WOULD YOU WANT IT TO DO FOR YOU?

WHAT ACTIVITIES WOULD YOU LIKE?

WHAT ARE YOUR SUGGESTIONS ON HOW TO MAKE THE NEWSLETTER. INTERESTING TO YOU?

OTHER REMARKS