

MEMBERSHIP QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CHILDREN \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

SPECIAL INTERESTS \_\_\_\_\_

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HOBBIES \_\_\_\_\_

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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