

# Coalition of 100 Black Women Los Angeles Chapter

P.O. Box 56337 Los Angeles, CA 90056

#### National Coalition of 100 Black Women, Inc. Mission Statement

To advocate on behalf of black women and girls to promote leadership development and gender equity in the areas of health, education, and economic empowerment.

## MEMBERSHIP APPLICATION REQUIREMENTS CHECKLIST

### **Membership Application & Statement of Interest**

### Two (2) References

Applicants are asked to request two References to provide their perspective on character and commitment. Please inform your references to include their full name and contact information. References should be *emailed* to: <a href="mailto:membership@100blackwomenla.org">membership@100blackwomenla.org</a>. Include in email subject line: Reference For: [First, Last Name]

**Interview** – I agree to an interview with members of the Los Angeles Chapter, once all application documents and written references are received (Virtual, Video, Phone, or Face-to-Face).

**Application Fee Submitted** - A \$100.00 (non-refundable) application processing fee payable to "Coalition of 100 Black Women, Los Angeles Chapter"; applied toward the Annual Membership fee

Please <u>email</u> all documents (1) Membership Application (2) Statement of Interest (3) Requirements Checklist <u>membership@100blackwomenla.org</u>.

By submitting this signed application, I am expressing my interest in becoming a member of the National Coalition of 100 Black Women, Los Angeles Chapter. If accepted for membership I will support this organization through my presence and contributions to its programs and activities. I will further adhere to the organization's bylaws, policies, and procedures while respecting the leadership and promoting sisterhood.

I consent to a background check.		
Signature:	Date:	

W: www.100blackwomenla.org E: 100blackwomenla@gmail.com/membership@100blackwomenla.org

