



Concerned Black Men of Richmond, Virginia, Inc.

MEMBERSHIP APPLICATION/ AGREEMENTS

(REVISED September 25, 2011)

Name: _____
Address: _____
City: _____
State: _____ Zip Code _____
Home Telephone Number: _____
Work Telephone Number: _____
Cellular Telephone Number: _____
E-Mail Address: _____
Hobbies: _____

PERSONAL DATA

Your Birthday: _____
Name of Spouse / Significant others: _____
Wedding Anniversary Date: _____
Name and age of Children: _____

Why are you interested in joining CBM-R: _____

MEMBERSHIP REQUIREMENTS

- All potential new members must:
 - Undergo a 90 day probationary period whereby you:
 - Must participate in at least (3) youth activities.
 - Will be assigned a mentor (from the current group of adult members) to help them understand the organization. This mentor may help with many items, but in particular, they will:
 - Serve as the first point of contact for questions about CBM-R.
 - Work with the new member during ALL one-on-one youth contact during the probationary period.
 - Support the administrative workload of operating the organization:
 - Serve on at least one committee (within 30 days after completion of probationary period).
 - Work with other committees for major events as requested.

Complete a membership and a criminal background check application. All information contained in the criminal background check will be treated as confidential. Requests for exceptions to this policy must be made in writing and will be handled on a case-by-case basis by the Executive Board and the Support Council.

Any potential member with guilty convictions for the following offenses will be denied membership:

- | | |
|----------------------|---|
| Sexual Offense/Abuse | Felonies (Depending upon offense) |
| Child Abuse/Neglect | Violent Crimes Against a Person (including Spousal Abuse) |

MEMBERSHIP DUES

Annual membership dues \$100.00 non-refundable, this fee is waived for full time college students. Payment of annual membership dues is due no later than October 31st of each year unless other arrangements have been made with the Treasurer for payment.

The Membership Committee and or Executive Board will review all membership actions/applications. The Executive Board will then make the final decision.

All information supplied by me, is true to the best of my knowledge.

Signed: _____ Date: _____

(Checks for membership dues Payable to: **Concerned Black Men of Richmond, Va., Inc.** must be attached)

**P. O. Box 4747
Richmond, VA 23220
(804) 343-2680**