

"Real Men Giving Real Time"



of Greater Fort Lauderdale, Inc.

## MEMBERSHIP APPLICATION INSTRUCTIONS

**Have your Sponsor complete and sign the Sponsor Referral section of the Application. Complete the application in full. Please note that a Resume cannot be used in lieu of completing the application. Return the completed application (including the Sponsor Referral section) along with a check for \$50.00 to our office.**

We thank you for your interest in joining the 100 Black Men of Greater Fort Lauderdale, Inc. We are truly *"Real Men Giving Real Time"* in our community and look forward to welcoming you as a member! The mission statement of the 100 Black Men of Greater Fort Lauderdale, Inc. is "To improve the quality of life in our communities, and enhance educational and economic opportunities for all African/Caribbean Americans."

Our programs are based upon our National Campaign "Four for the Future" which identifies four key areas critical to achieving the 100's commitment to developing leaders and ensuring the future of young African/Caribbean American Males: **Mentoring, Education, Health and Wellness, and Economic Development.** Membership in the 100 Black Men of Greater Fort Lauderdale, Inc., will allow you to be part of history in our community. We look for the following criteria in our members:

- Positive Role Model
- Good Moral Character
- High Ethical Standards
- Demonstrates Community Involvement or Service
- Candidate must be sponsored by a current member
- Adherence to the Mission and Objectives of the organization

As a Regular Member of the 100 Black Men of Greater Fort Lauderdale, you will be required to commit to a minimum of 6 hours per month as follows:

- 2 hours on one Saturday a month for the Mentoring Program
- 2 hours a month to attend an activity with the young men from the Mentoring Program (ie bowling etc.)
- 2 hours a month for scheduled meetings

Upon receipt of the completed application, you will be contacted by a member of the Membership Committee to arrange a personal interview. Upon notification of your acceptance, you will be required to attend a Membership Orientation session.

If you have any questions regarding the application and/or the membership process, please contact:

Dennis L. Wright – Chapter President  
(954) 519-0002

•Real Men Giving Real Time•



of Greater Fort Lauderdale, Inc.

## MEMBERSHIP APPLICATION

**Sponsor Referral Section:** Please state the reasons why this candidate would be an asset to the 100 Black Men of Greater Fort Lauderdale, Inc.

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**TO: Board of Directors, 100 Black Men of Greater Fort Lauderdale, Inc.**

I certify that I am interested and concerned about the quality of life in the Black community and understand the mission, vision, and values of the 100. I have the time and resources to devote and assist the 100 in implementing effective programs for the betterment of our community. I will support the 100's objectives, remain true to its principles, and pay my dues on a timely basis.

**PRINTED NAME OF CANDIDATE:** \_\_\_\_\_

**SIGNATURE OF CANDIDATE:** \_\_\_\_\_

**PRINTED NAME OF SPONSOR:** \_\_\_\_\_

**SIGNATURE OF SPONSOR:** \_\_\_\_\_

100 Black Men of Greater Fort Lauderdale, Inc.  
10097 Cleary Blvd., Suite 302  
Fort Lauderdale, Florida 33324  
Phone #: (954) 519-0002



Please complete this form and return it to your sponsor. The sponsor should submit application to the Membership Committee at the above address. Complete all questions on this form; please do not attach a resume in lieu of completing the application. If the answer to a question is “none” or “unknown”, please indicate so.

**PLEASE TYPE OR PRINT LEGIBLY.**

**FULL NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
(Required for criminal background check. Your Social Security Number and identity will be protected.)

**TYPE OF BUSINESS:** \_\_\_\_\_  
(BUSINESS OR PROFESSION)

**PRESENT OFFICE INFORMATION:** (check \_\_\_\_\_ if you prefer 100 Black Men of Greater Fort Lauderdale, Inc. mail sent here)

Present title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**RESIDENCE INFORMATION:** (check \_\_\_\_\_ if you prefer 100 Black Men of Greater Fort Lauderdale, Inc. mail sent here)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*What is your preferred method of contact: Email:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**CHILDREN'S NAMES AND AGES:** \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND:** *(Professional affiliations during the past 5 years)* \_\_\_\_\_

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**SCHOOLS/YEARS ATTENDED & DEGREES:** \_\_\_\_\_

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**BUSINESS POSITIONS:** *During the past 5 years (Reverse Chronological Order):* \_\_\_\_\_

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**MEMBERSHIPS IN CLUBS & ORGANIZATIONS:** \_\_\_\_\_

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**CERTIFICATION:**

I certify that the information given in this application is complete and accurate. If accepted, I agree to abide by the policies, rules, and regulations of the 100 Black Men of Greater Fort Lauderdale, Inc. Should any of the information I have given change prior to my entry to the 100 Black Men of Greater Fort Lauderdale, Inc., I will immediately notify the Membership Committee. I also declare that I have not been convicted of, or involved in any crime related to wrongful behavior with a minor. All applicants for membership are required to pay a fifty-dollar (\$50) non-refundable application fee. I understand that my fifty-dollar (\$50) application fee is non-refundable and hereby give my consent to begin processing my application.

**Applicant's Name:** *(Please Print)* \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION**

I authorize the 100 Black Men of Greater Fort Lauderdale, Inc. to perform a background check into the records of any law enforcement agency for the records of criminal convictions. I understand that any adverse information obtained will be considered in the decision whether to accept my membership application and/or limit the scope of my activities within the 100 Black Men of Greater Fort Lauderdale, Inc.

I authorize any individual or entity to reveal to the 100 Black Men of Greater Fort Lauderdale, Inc., the results of this criminal background check. I release the 100 Black Men of Greater Fort Lauderdale, Inc. and any individual or entity from any and all claims, losses, liabilities costs or expenses related to gathering and reporting this information.

**Applicant's Name:** *(Please Print)* \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

