



Join the **FIGHT FOR** **FREEDOM**

**National Association for the Advancement of Colored People
Transylvania County, North Carolina Branch #54AA-B**

Membership Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **E-mail:** _____

Couples Membership:

Spouse's Name: _____

Spouse's E-mail: _____

Membership Options: \$30 annually, \$60 for couples.

US MAIL: Please send this form with your check payable to:

**Transylvania NAACP
P. O. Box 303
Brevard, NC 28712**

ONLINE: Please email a scanned copy of this completed form to
Secretary@TransNAACP.org and send payment via PayPal.com:

<https://transnaacp.org/membership/>

Your email address is required so you may be notified of our monthly meetings, news, and special events.

The NAACP is a Not-For-Profit 501(c)(4) social welfare organization. Membership fees and contributions are not tax-deductible.

For any questions or more information on our Lifetime & Corporate memberships please contact us at: Secretary@TransNAACP.org

Lifetime (Silver) Membership: \$750

Annual Corporate Membership: \$5,000