

OFFICE USE ONLY | Member ID \_\_\_\_\_ Date Received \_\_\_\_\_ Dues Paid Date \_\_\_\_\_  
 Date Entered in Database \_\_\_\_\_ Date Entered in Accounting System \_\_\_\_\_



**New Light Leadership Coalition, Inc.**  
 "Empowering Youth through Leadership Development"  
 28 Allegheny Avenue · Suite 503 · Baltimore, MD 21204 · www.nllc.org

**MEMBERSHIP APPLICATION**

<b>PART 1. MEMBERSHIP INFORMATION</b>					
MEMBERSHIP TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL (MEMBER # _____)			MEMBERS ONLY WEBSITE PASSWORD		
MEMBERSHIP LEVEL <input type="checkbox"/> YOUTH (Ages 16 to 25) - \$25 <input type="checkbox"/> ASSOCIATE (Ages 26+) - \$50 <input type="checkbox"/> AFFILIATE (Organizations) - \$100					
<b>PART 2. CONTACT INFORMATION</b> (COLLEGE STUDENTS ENTER PERMANENT ADDRESS)					
MEMBER NAME (AFFILIATES ENTER ORGANIZATION NAME)					
MAILING ADDRESS				APT./SUITE	
CITY		STATE	ZIP	PHONE	
FAX		EMAIL			
<b>PART 3. AFFILIATE INFORMATION</b>					
CONTACT PERSON NAME			CONTACT PERSON TITLE		
<b>PART 4. YOUTH AND ASSOCIATE MEMBER INFORMATION</b> (AFFILIATES - SKIP TO PART 6)					
SEX <input type="radio"/> MALE <input type="radio"/> FEMALE		DATE OF BIRTH (MM/DD/YYYY) / /			
WHAT IS LEADERSHIP TO YOU? _____					
WHY DO YOU WANT TO JOIN NLLC? _____					
<b>PART 5. STUDENT INFORMATION</b>					
SCHOOL NAME			ANTICIPATED GRADUATION DATE MONTH _____ YEAR _____		
DEGREE SEEKING (CHECK ONE) <input type="radio"/> Associates <input type="radio"/> Bachelors <input type="radio"/> Certificate <input type="radio"/> Masters <input type="radio"/> Ph.D.			MAJOR		
CAMPUS ADDRESS			APT./Box#	CAMPUS OR CELL PHONE	
CAMPUS CITY			STATE	ZIP	
<b>PART 6. MEMBERSHIP INFORMATION</b>					
COMMITTEE MEMBERSHIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> FUNDRAISING		PLEASE SEND ME INFORMATION ON THE FOLLOWING: <input type="checkbox"/> VOLUNTEER OPPORTUNITIES <input type="checkbox"/> BOARD MEMBERSHIP <input type="checkbox"/> YOUTH & COLLEGE LEADERSHIP SUMMIT <input type="checkbox"/> LEADERSHIP TRAINING			
<input checked="" type="checkbox"/> I HAVE READ AND AGREE WITH THE MEMBERSHIP PLEDGE (SEE WWW.NLLC.ORG FOR MEMBERSHIP PLEDGE)					
<b>PART 7. PAYMENT INFORMATION</b>					
<input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD (# _____ Exp. _____ CID _____)					

MAIL YOUR COMPLETED APPLICATION ALONG WITH MEMBERSHIP DUES TO:  
 NLLC, ATTN.: COMMUNICATIONS ASSISTANT, 28 ALLEGHENY AVENUE, SUITE 503, BALTIMORE, MD 21204.  
 MAKE CHECKS AND MONEY ORDERS PAYABLE TO NEW LIGHT LEADERSHIP COALITION.