



Fannie Lou Hamer Coalition

Annual Membership Application

Name:	
Email:	
Contact Phone:	
Street Address:	
City:	
State:	
Zip:	

General: Fannie Lou Hamer Coalition is an alliance of elected officials and other selected members and friends, founded to improve the quality of life and opportunity for the underserved communities the membership represents through political and civic engagement.

Type of Membership (Circle One): 1) **Regular Member** 2) **Ex Officio** 2) **Friends of Fannie**

Membership Description:

- **Regular member** (or member): Must be a current elected official at the time of application. Includes full voting rights as well as the opportunity to participate in organization sponsored networking and other events. As an elected official, please add the following:

Office Held: _____ Municipality: _____ Council District: _____

Year Last Elected: _____ Term Length (yrs): _____

- **Ex officio:** Individuals that serve as ex officio members have all the rights and obligations of regular members. This includes the right to discuss, debate and vote.
- **Friends of Fannie:** Friends are neither elected officials nor ex officio members. They are supporters of the group that have the opportunity to participate in organization sponsored networking and other events. Friends of Fannie have no voting rights.

Annual Dues:

Regular Member	\$100
Ex Officio	\$50
Friends of Fannie	\$25



(NOTE: Membership dues payment will be set up online in the form of an electronic invoice. Individuals can make payment all at once or have payment broken up into monthly payments. All applicants must be approved by current membership.)

Why are you interested in joining the Fannie Lou Hamer Coalition?

What do you feel that you can bring to the coalition? In other words, what skills, gifts and talents will you bring to the organization?

I have reviewed the founding **DECLARATION**, and will commit to putting the needs and interests of our community ahead of my own personal, political or financial interests (Circle One)? **YES NO**

(Signature of Applicant)

(Date of Application)

Payment Received By: _____

Payment Date: _____

Payment Type: _____