



National Organization of Black Lesbians on Aging

Membership Application

ZAMI NOBLA is a 501 (c) (3) tax-exempt, national organization for Black Lesbians over 40. We promote conscious aging and challenge ageism. We fight actively against other oppressions including homophobia, racism, sexism, ableism, classism, and transphobia. We use education, advocacy, the arts, social networking, community programming, and community based research as connecting points.

This is a confidential form. Please fill out all fields and print as clearly as possible.

Name: _____

Black Lesbian Yes No

Address: _____ Phone:(H)_____(C)_____

City: _____ State: _____ Zip Code: _____

DOB: _____ *Occupation: _____

Do you have a Disability that requires accommodation or accessibility? _____

Email: _____

What is the best way to contact you? _____

When is the best time to contact you? _____

How did you hear about ZAMI NOBLA?

ZAMI NOBLA wants members to be as involved as possible. Please CIRCLE areas of interest. Your participation is encouraged and appreciated.

- Mentoring Website Design Publicity Marketing Event Planning
Group Facilitation Event Volunteer Speakers Bureau Fundraising
Newsletter Assistance Social Media Assistance Community Outreach

Please list any skills or talents that you can contribute to ZAMI NOBLA:

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What would you like to see ZAMI Do?

What other organizations do you belong to?

I have enclosed my annual membership fee of \$50.00, which entitles me to:

- Membership Card
- Quarterly Newsletter
- Discount at Selected ZAMI NOBLA Paid Events
- ZAMI NOBLA Members "Only" Appreciation Events

Checks can be made out to ZAMI NOBLA, or you may visit us on our website at www.zaminobla.org and pay by credit card via our PayPal account.

Please Note: No one will be denied membership due to inability to pay.

Mailing Address:

ZAMI NOBLA, Inc.
P.O. Box 90986
Atlanta, GA 30364
zaminobla@gmail.com

Office Location:

50 Hurt Plaza, 15th Floor Office 38
Atlanta, GA 30303
404 331-0909

Office use only: Processed by: _____ Added to database? Yes By: _____

Membership ID # _____ Membership Date: _____

Date Membership Card Mailed _____ Expiration Date _____