

Organization for Black Struggle

P.O. Box 5277 · St. Louis, MO 63115

(314) 367-5959 · contactus@obs-stl.org www.obs-stl.org

APPLICATION FOR MEMBERSHIP

Date of Application: / /

Are you a registered voter? Yes No

NAME _____ DATE OF BIRTH _____

ADDRESS _____ ZIP _____

PHONE (1) _____ PHONE (2) _____

EMAIL ADDRESS _____ Facebook Y N Twitter Y N

Gender/Sexual Orientation (Optional but helps in our demographics needed for funders):

Male _____ Female _____ LGBTQ _____ Other _____ Preferred Pronoun _____

ORGANIZATIONAL AFFILIATIONS _____

CURRENT EMPLOYER _____ POSITION _____

MEMBERSHIP CATEGORY: (To be confirmed after orientation session)

Active Support

Sustainer – I will support OBS monthly or yearly with a pledge of \$ _____

Resources you have access to _____

Talents, skills etc. you have that will benefit OBS _____

What do you hope to contribute from becoming a member of OBS?
