



MEMBERSHIP FORM

Yes, I want to join Black Pumps and do my part to empower and ignite passion and equip African women with the tools to elevate themselves and others in wellness, business, and leadership.

MAIL FORM WITH CHECK PAYABLE TO: **BLACK PUMPS**,
21350 Nordoff Street, Suite 112, Chatsworth, CA 91311
or fill out the credit card information below.

ANNUAL MEMBERSHIP FEES (Please check desired level):

- Professional Membership = \$150.00
- Student Membership = \$50.00
- Honorary Membership = \$175.00

PERSONAL INFORMATION

Name _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

E-mail _____ Website _____

EDUCATION INFORMATION

Undergraduate/Graduate School _____

Graduation Date _____ Major _____ Overall GPA (optional) _____

Degree/Certification Obtained _____

COMPANY/EMPLOYER INFORMATION

Company/Employer _____ Title _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Charge my: AMEX MasterCard VISA **TOTAL AMOUNT: \$ _____**

Name on Card _____

Credit Card No. _____

Exp. Date _____ Security Code _____ Billing Zip Code _____

Signature _____

For questions and additional information:

Tel +1-818-538-8050

Nigeria +234-818-855-5708

Fax + 1-818-688-3110

info@blackpumpsinc.org

Don't drag your feet... join us!

blackpumpsinc.org