



Organization for Black Struggle
P.O. Box 5277 σ St. Louis, MO 63115
(314) 367-5959 σ Fax (314) 367-5899
obs_onthemove@yahoo.com

APPLICATION FOR MEMBERSHIP

Date of Application: ___ / ___ / ___

Are you a registered voter? Yes No

How did you hear about this organization? _____

_NAME _____ DATE OF BIRTH _____

ADDRESS _____ ZIP _____

PHONE () _____ OTHER () _____

EMAIL ADDRESS _____

OTHER ORGANIZATIONAL AFFILIATIONS _____

CURRENT EMPLOYER _____ POSITION _____

MEMBERSHIP CATEGORY: Please check one.

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:

Why did you select this organization and what do you hope to achieve for yourself from volunteering your time?

SIGNATURE _____ RECRUITER _____

“Black People on the *Move*” - Forward Still!