

Prince Hall Masons of Missouri Charitable Foundation, Inc. 501 (c) (3)
Membership Application

Candidate Contact Information:

Full Name *

Address: *

City, State, ZIP *

Home Phone: *

Cell

Email: *

Lodge/Chapter if applicable:*

Profession: *

In which of the following areas can you enhance and support the foundation?

- | | |
|---|---|
| <input type="checkbox"/> Fundraising/Grants | <input type="checkbox"/> Public Awareness/Relations |
| <input type="checkbox"/> Financial/Budget | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Membership Recruitment | <input type="checkbox"/> Programs |

List any access to resources that you have that might be beneficial to the foundation.

Please list civic organizations, boards, or volunteer work and dates of service.

The Board of Directors may contact you should there be a need for additional information.

Signature: _____ **Date:** _____

For Board Use

Board Signature

Date
