

**NCBMP APPLICATION FOR MEMBERSHIP**

**PLEASE TYPE ALL INFORMATION**

**Application for:**                       **Membership Renewal**                       **New Membership**

<b>Name:</b>		
<b>Title:</b>		
<b>Company Name:</b>		
<b>Company Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Phone: ( )</b>	<b>Business FAX: ( )</b>	<b>E-Mail:</b>
<b>Home Address:</b>		<b>Home Phone: ( )</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Membership referred by:</b>		<b>(NCBMP MEMBER)</b>

**DUES**

**All dues are payable on or prior to the anniversary date. Please check the appropriate box.**

**Member**  **\$200.00**

*Association Presidents, Executive Directors and Meeting Planners with one-year of experience and plan meetings on a regional or national level.*

**Associate Member - Supplier**  **\$375.00**

*Persons engaged in supplying services for meetings and conventions; i.e. hoteliers, travel agents, airline executives convention bureau/convention center executives, decorators and printers.*

**METHOD OF PAYMENT**

Check or money order enclosed. Make check payable to: NCBMP

<b>Credit Card</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Master Card</b> <input type="checkbox"/> <b>American Express</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/>	
<b>Card Number:</b>	<b>Expiration Date:</b>
<b>Card Holder:</b>	
<b>Signature of card holder:</b>	

All requested information must be completed and attached to this application. Failure to return the completed information with payment will delay the processing of your membership application.

**Please provide credit card information below or enclose check payable to:**

"NCBMP"  
8630 Fenton Street, Suite 126  
Silver Spring, MD 20910

For additional information call (202) 628-3952

**NATIONAL COALITION OF BLACK MEETING PLANNERS**

**RESUME**

**CURRENT POSITION – PLEASE TYPE ALL INFORMATION**

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How long at this position? \_\_\_\_\_

Brief job description, including services supplied (if any):  
\_\_\_\_\_

**PREVIOUS POSITION**

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How long at this position? \_\_\_\_\_

Brief job description, including services supplied (if any):  
\_\_\_\_\_

**NCBMP USE ONLY**

**Signatures of 2 voting members of NCBMP:**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

National Office approval and signature \_\_\_\_\_

Date sent to National Office \_\_\_\_\_ Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

**NATIONAL COALITION OF BLACK MEETING PLANNERS**

**MEETING PLANNER AND ASSOCIATION EXECUTIVE PROFILE**

**To be completed by Meeting Planners or Association Executives**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Association/Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TO EXPEDITE THIS APPLICATION**

**\*\*\*ALL INFORMATION MUST BE COMPLETED IN DETAIL AND TYPED\*\*\***

**E-Mail:** \_\_\_\_\_

*Please provide information on the meetings you plan:*

	<i><u>Annual Meetings</u></i>	<i><u>Regional Meetings</u></i>	<i><u>Board Meetings</u></i>	<i><u>Seminar(s)/ Workshops</u></i>
Number of meeting per year	_____	_____	_____	_____
Average number of rooms:	_____	_____	_____	_____
Do you use exhibit facilities?	_____	_____	_____	_____
If yes, gross square footage:	_____	_____	_____	_____
Number of concurrent meeting rooms:	_____	_____	_____	_____
Seating of largest banquet room:	_____	_____	_____	_____
Seating of largest meeting room:	_____	_____	_____	_____
First open month/year	___/___	___/___	___/___	___/___
Second open month/year	___/___	___/___	___/___	___/___

**Please Describe your Annual Meetings  
Past, Current and Future Meeting History**

	<u>Month</u>	<u>Number of People</u>	<u>Number of Rooms</u>	<u>Hotel(s)</u>	<u>Convention Center</u>	<u>City</u>
2006:	_____					
2007:	_____					
2008:	_____					
2009:	_____					

NATIONAL COALITION OF BLACK MEETING PLANNERS

**MEETING PLANNER and ASSOCIATION EXECUTIVE PROFILE (Continued)**

To be completed by Meeting Planner or Association Executive

**PLEASE DESCRIBE YOUR ANNUAL MEETINGS  
MEETING HISTORY**

2007

<b>Name of Group Meeting:</b>	
Month/Year:	
Number of People:	
Number of Rooms:	
Convention:	Convention Center Contact:
Hotel(s):	Hotel Contact:
City:	State:

2008

<b>Name of Group Meeting:</b>	
Month/Year:	
Number of People:	
Number of Rooms:	
Convention:	Convention Center Contact:
Hotel(s):	Hotel Contact:
City:	State:

2009

<b>Name of Group Meeting:</b>	
Month/Year:	
Number of People:	
Number of Rooms:	
Convention:	Convention Center Contact:
Hotel(s):	Hotel Contact:
City:	State: