

## NAAAPI MEMBERSHIP FORM

I / Our organization wishes to become a Member of the National Association of African Americans for Positive Imagery (NAAAPI).

**Please Type or Print Clearly**

Date \_\_\_\_\_

This application represents    \_\_\_ organization / group membership  
                                                  \_\_\_ individual membership

Name \_\_\_\_\_  
(if individual membership)

Organization Name \_\_\_\_\_  
(if group membership)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ Fax \_\_\_\_\_

Interest Areas            (check all that apply)

- |                                             |                                            |                                                 |
|---------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Target Marketing   | <input type="checkbox"/> Alcohol Use/Abuse | <input type="checkbox"/> Tobacco Use/Prevention |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Research          | <input type="checkbox"/> Treatment              |
| <input type="checkbox"/> Nutrition          | <input type="checkbox"/> Illicit Drug Use  | <input type="checkbox"/> Violence               |
| <input type="checkbox"/> Mass Media Imagery |                                            |                                                 |

Type of Organization (check all that apply)

- |                                                       |                                    |                                                 |
|-------------------------------------------------------|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Community Coalition          | <input type="checkbox"/> Religious | <input type="checkbox"/> Volunteer Organization |
| <input type="checkbox"/> State Governmental           | <input type="checkbox"/> Local Gov | <input type="checkbox"/> Non-Profit             |
| <input type="checkbox"/> Community Based              | <input type="checkbox"/> National  | <input type="checkbox"/> Youth                  |
| <input type="checkbox"/> Health Related               | <input type="checkbox"/> N/A       |                                                 |
| <input type="checkbox"/> Other (please specify) _____ |                                    |                                                 |

Mission / Goal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply

- The prospective member serves, as one of its major priorities, the African American community
- The prospective member does NOT currently receive ANY funding from the tobacco or alcohol industry
- The prospective member is not directly or indirectly involved in the promotion, glamorization and / or normalization of smoking or tobacco use, alcohol abuse, underage alcohol use, illicit drug use, gambling or handgun violence
- The prospective member has worked with NAAAPI on the following projects (not required for membership)
  - "X" cigarettes
  - World No-Tobacco Day
  - Stop Liquor Ads on NBC
  - PowerMaster
  - Marlboro Milds
  - Other \_\_\_\_\_
  - Camel Menthols
  - Swisher Ain't Sweet

How did you hear about NAAAPI? \_\_\_\_\_  
\_\_\_\_\_

Submitted by \_\_\_\_\_ (signature) Title \_\_\_\_\_  
\_\_\_\_\_ (printed)

Please send to: NAAAPI  
1231 North Broad Street  
Philadelphia, PA 19122