



1894

CLINTON

COLLEGE

NAACP

NATIONAL ASSOCIATION OF THE ADVANCEMENT OF COLORED PEOPLE

_____ MR. _____ MRS. _____ MS. _____ MISS _____ OTHER

Date: _____ Student ID#: _____

First and Last Name: _____

City: _____ SC: _____ ZIP: _____

Are You a Registered Voted: _____ YES _____ NO

New Member _____ Renewal Member ID# _____

Cell#: _____

Residential Hall Room#: _____

E-mail Address: _____

School E-mail Address: _____

PERSONAL STATEMENT:

Please discuss your intent for being on the NAACP, including relevant experience and qualifications. Used addition space if need to complete your personal statement.
