



**NATIONAL BLACK PRESBYTERIAN WOMEN
MEMBERSHIP APPLICATION - 2025**

*Please print in the spaces below and attach an **electronic picture**, if we do not already have one for the directory:*

NAME: _____

Telephone No.: _____ Cell: _____

E Mail Address: _____

Address: _____

City _____ State: _____ Zip Code: _____

Church: _____

Presbytery: _____

NBPC CHAPTER: _____

REGION: _____

DUES PAID AMOUNT: _____ Check Number: _____

Updated picture _____ Yes _____ No

Mail \$25.00 Check payable to NBPW

Cheryl A. Jackson

EMail: altheaj70@gmail.com

702 N. Alexander St.

Florence South Carolina 29501

Telephone No.: 843-536-3174

FOR NBPW USE:

Date Received: _____ **Amount** _____ **Check #:** _____

Signed: _____