

**African American Caucus  
Of  
Union County, North Carolina**

**Membership Form**

**Send To:** AACUC, Treasurer  
PO Box 385  
Monroe, NC 28110

**Annual Dues: \$10.00**  
**Payable to: AACUC**

**Name:** \_\_\_\_\_ **Month of Birthday:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Which of the following are areas that interest you?**

**Finance:** \_\_\_\_\_, **Ways & Means:** \_\_\_\_\_, **Public Relations:** \_\_\_\_\_,

**History:** \_\_\_\_\_, **Membership:** \_\_\_\_\_, **Constitution & Bylaws:** \_\_\_\_\_,

**Legislative:** \_\_\_\_\_, **Logistics:** \_\_\_\_\_