

**THE AFRICAN AMERICAN ACCOUNTABILITY ALLIANCE
2006 – 2007 MEMBERSHIP APPLICATION**

Please return completed application to:
The African American Accountability Alliance
P.O. Box 5502
Gainesville, Florida 32627
Phone: (352)284-6254

Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer _____

Education: _____

Professional Organizations: _____

Are you a resident of Alachua County? Yes/No If yes, how long? _____

If no, what county do you reside in? _____

Please list your Civic or Professional accomplishments/honors: _____

Training or experience related to this appointment? _____

What contributions do you feel you could make if you were selected to this Alliance?

Signature

Date

Please attach membership dues in the form of a check or money order made payable to the African American Accountability Alliance. Membership dues are due annually July 1st or should be submitted with membership application to:

The African American Accountability Alliance
P.O. Box 5502
Gainesville, Florida 32627

Demographic Information (Voluntary)

African American Yes/No

Caucasian Yes/No

Hispanic Yes/No

Asian Yes/No

Other _____

Sex: Male

Female

Committee Appointment(s) - Please check all that apply.

_____	Executive	_____	Faith Based
_____	Finance	_____	Business Owners & Leaders
_____	Bi-Laws		
_____	Nominating	_____	Legal Community
_____	Membership	_____	Public Relations
_____	Elected and Appointed Officials	_____	Emerging Leaders
_____	Law Enforcement and Criminal Justice	_____	Historical
_____	Healthcare	_____	Housing & Community Development
_____	Culture and Arts	_____	Information Technology
_____	Education	_____	Civic and Social Organizations