



**National Coalition of 100 Black Women  
Queen City Metropolitan Chapter  
Charlotte, North Carolina**

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Dear Prospective Member,

Thank you for your interest. The National Coalition of 100 Black Women, Inc., Queen City Metropolitan Chapter (QCMC), this organization is comprised of phenomenal, African American women, who are committed to advocating on behalf of Women and Girls of color in the Charlotte Metropolitan region. Membership is open to women who have demonstrated evidence of community involvement and agree to support the purpose and goals of NCBW and QCMC.

The National Coalition of 100 Black Women (NCBW) is a non-profit advocacy organization dedicated to improving the lives of African American women, girls and the community at large. NCBW has over 60 chapters in 28 states and the District of Columbia. Our organization selects and accepts new members on an annual basis.

In order to be considered for membership, a completed application and the \$50.00 application fee must be received and/or postmarked by February 24, 2018. Upon receipt of your application, someone will contact you directly. Each applicant is required to participate in two (2) chapter events as well as an interest meeting. Please visit our website [www.ncbwqcmc.org](http://www.ncbwqcmc.org) and review the chapter calendar to stay up to date on all chapter activities. Please direct your questions to [membership@ncbw-qcmc.org](mailto:membership@ncbw-qcmc.org)



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**MISSION STATEMENT**

To advocate on behalf of black women and girls to promote leadership development and gender equity in the areas of health, education and economic empowerment

**VISION STATEMENT**

Black women and girls will live in a world where socio-economic inequity does not exist

**PURPOSE**

*The purpose of the National Coalition of 100 Black Women, Inc., Queen City Metropolitan Chapter shall be to foster principles of equal rights and opportunities; to promote the awareness of Black culture; to provide a forum for Black Women to address educational, political, social and health-related issues; to develop the potential of the membership for effective leadership and participation in civic affairs; and to cooperate with other organizations to achieve mutual goals.*

*To provide an effective network for Black Women in order to help make a difference to women by giving them the opportunity of self-development as leaders in our community.*

**MEMBERSHIP**

The NCBW-QCMC welcomes your sincere interest in our organization. The Chapter is comprised of dynamic professional women collectively dedicated to the ideal of service to others. Our commitment to service is reflected by the Chapter's continued involvement in community service programs designed to positively affect the Charlotte community.

**MEMBERSHIP PROCESS**

- Attend an Interest Meeting
- Attend two (2) NCBW-QCMC Programs
- Submit completed application along with \$50 non-refundable application fee
- Submit a copy of your resume and a brief biography
- Complete Interview and Selection Process
- Must be Sponsored by QCMC Member in Good Standing

**National Coalition of 100 Black Women  
Queen City Metropolitan Chapter  
PO Box 32364  
Charlotte, NC 28232**

Please review and complete the attached application and carefully consider your ability to commit your time, talents and resources to the continued growth and advancement of this organization. If you are ready and able to make this commitment, please submit your application for membership consideration.

**For question or additional information, please contact the following persons:**

Ashley Reid, 3rd Vice President, [membership@ncbw-qcmc.org](mailto:membership@ncbw-qcmc.org)

Tiffany Hemmings Prather, President, [president@ncbw-qcmc.org](mailto:president@ncbw-qcmc.org)



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**I. APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**II. PROFESSIONAL INFORMATION**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**III. REFERENCES**

Please provide the names and contact information for two individuals who have knowledge of your community service, civic and professional affiliations and can provide information on your qualifications and ability to contribute to the NCBW QCMC Chapter. Recommendation forms attached. (These references should include one active member of NCBW)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IV. VOLUNTEER, CIVIC, AND PROFESSIONAL AFFILIATIONS**

Please list all past and current organizations to which you belong, including positions held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been affiliated with a chapter of 100 Black Women? If so, list the following:

Chapter Name: \_\_\_\_\_ Years Involved: \_\_\_\_\_

Positions Held/Committee Assignments: \_\_\_\_\_



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**V. SKILLS** (check all that apply)

- |                                                 |                                          |                                          |                                         |
|-------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Public Relations       | <input type="checkbox"/> Web Design      | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Grant Writing  |
| <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Auditing        | <input type="checkbox"/> Legal          |
| <input type="checkbox"/> Health Provider        | <input type="checkbox"/> Event Planning  | <input type="checkbox"/> Mentoring       | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Other _____     |                                          |                                         |

**VI. COMMITTEE INTEREST**

- |                                         |                                           |                                   |                                                           |
|-----------------------------------------|-------------------------------------------|-----------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> MEMBERSHIP     | <input type="checkbox"/> FUND DEVELOPMENT | <input type="checkbox"/> PROGRAMS | <input type="checkbox"/> BYLAWS AND POLICY AND PROCEDURES |
| <input type="checkbox"/> COMMUNICATIONS |                                           |                                   |                                                           |

**VII. STATEMENT OF INTENT**

Please provide a Statement of Intent that includes the following:

- a. What is Advocacy and what does that mean to you?
- b. What NCBW area of advocacy are you most interested and why?
- c. What two (2) QCMC events did you attend and what did you learn?
- d. What value will you add to the chapter? What areas of expertise or interest will you use to benefit the chapter?
- e. How do you hope to benefit from membership?

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize QCMC to perform a background check on the information I have provided.

I understand and acknowledge that the \$50 application fee is non-refundable. I understand and acknowledge that the membership fee is non-refundable in the event that I am granted membership and choose to withdraw my application after submitted. To remain a member in good standing of the QCMC chapter, I must pay my annual dues and assessments by the specified due dates and abide by the bylaws of the organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only:**

Date Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

# National Coalition of 100 Black Women-Queen City Metropolitan Chapter

## CONFIDENTIAL RECOMMENDATION FORM

Prospective Member Name \_\_\_\_\_

Please check in the appropriate column the factors for which you have adequate information for appraisal.

	GOOD	FAIR	POOR
1. Ability to follow instructions			
2. Social skills (gets along well/respect for others)			
3. Demonstrates dependability			
4. Self-motivated			
5. Demonstrates responsibility (directs energies toward tasks)			
6. Demonstrates enthusiasm in performing assigned tasks			
7. Strives for excellence			
8. Punctual			
9. Mentally alert (organization skills/problem-solving skills)			
10. Demonstrates proper etiquette and manners			
11. Displays ethical behaviors			
12. Demonstrates integrity/honesty			
13. Demonstrates optimism and self-respect			
14. Capacity to try new ideas and increase knowledge			
15. Attitude toward constructive criticism			
16. Ability to adapt to change			
17. Cooperates with others			
18. Communication skills			
19. Demonstrates attention to detail			
20. Ability to set realistic goals			

21. Do you recommend this applicant?

Yes     No

Supplementary Comments

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\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

Please mail form to:  
National Coalition of 100 Black Women  
Queen City Metropolitan Chapter (QCMC)  
PO Box 32364  
Charlotte, NC 28232

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21. Do you recommend this applicant?

Yes     No

Supplementary Comments

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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