

**100 Black Men of Greater Kansas City
Membership Application Form**

Name: _____
Last First MI

Home Address: _____
Street

City State Zip Code

Spouses Name: _____

of Children: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Employer/Bus. Name: _____

Title: _____

Type of Work: _____

Undergraduate Degree: Y / N

College or University/Concentration

Graduate Degree: Y / N

College or University/Concentration

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Have you ever been convicted of a felony: Y / N

If yes, please explain in detail. Note - Being a convicted felon will not necessarily result in an adverse decision in regard to membership. Each situation will be reviewed on an individual case basis.

List community or service organizations that you been involved in.

Why would you like to be a part of this organization?

Mail Application, Signed Disclosure Form & Dues To:

100 Black Men of Kansas City
Attention: Member Selection Committee
PO Box 12500
Kansas City, KS 66112

**DISCLOSURE TO PROSPECTIVE MEMBER
REGARDING PROCUREMENT OF
A CONSUMER REPORT**

In connection with your application for membership in the 100 Black Men of Greater Kansas City, we will procure a Background Report on you as part of the process of considering your request for membership. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential membership, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for membership. The information requested below is being used strictly for background screening purposes in order to obtain accurate results. **The consumer report will be limited to criminal history and sex related offenses.**

Applicant's Name: _____
(PLEASE PRINT)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ State _____

Validity Client #: _____

*To All Applicants:
The information requested above is used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from your application. The information will be used for the sole purpose of identification when conducting a background investigation.*

I have received a copy of my Summary of Rights Under the Fair Credit Reporting Act.