National Coalition of Blacks for Reparations in America

N’COBRA

ANNUAL MEMBERSHIP APPLICATION

PURPOSE
We believe that the descendants of Africans, who were captured, taken from our homeland (Africa), enslaved, colonized and held captive for hundreds of years in the Americas and throughout the diaspora, believe that we should be compensated for the injustices, cruelties, brutalities, inhumanities and exploitations of racism, white supremacy, economic discrimination and oppression imposed upon our people past and present.

DEFINITION
REPARATIONS: Payment for a debt owed; the act of repairing a wrong or injury; to atone for wrongdoings; to make amends; to make one whole again; the payment of damages to repair a nation; compensation in money, land, or materials for damages. In the Ancient African, Kemetlic sense, Reparations means to rise up. Repair and restore the ruined and damaged, develop the underdeveloped, and create a just society.

INVITATION
Please help continue the organizing and expansion efforts of N’COBRA in building our National & International Movements for Reparations. Reparations are obtainable in our lifetime. A committed people with a righteous cause is a force that cannot be denied.

Mail to the National Office N’COBRA,
P.O. Box 90604, Washington, DC 20090-0604
Tel: 202. 291. 8400 * Fax: 202. 291. 4600 * Website: http://www.ncobra.org

N’COBRA National Annual Membership Application
Select appropriate categories. Make check/money order payable to NCOBRA.

Please select dues amount best for your budget: One year ____ $15 ____ $20 ____ $25

Multiple Years Membership: # of Years _____ Amount $______ or ____ $500 Life Membership

I would like to support (with a donation) the Commissions (check one or more and enter $ amount):

____ Economic Development; ____ Education; ____ Human Resources; ____ Information & Media;
____ International; ___ Legal; ____ Legislative; ___ Youth

Membership Dues: $________ Donation for Commission $______ General Donation $_____

Total Amount Enclosed $____________

PLEASE PRINT CLEARLY TO ENSURE RECEIPT OF MAILINGS

Name ________________________________  Street Address____________________________________

City_____________________ State ____  Zip__________    Home Phone (      ) _________________

Work (       ) _________________  E-Mail ______________________ FAX (      ) _________________

Sign: ____________________________        Date: ___________________

Collected by (NCOBRA Member Name): ______________________________

Revised July 2006