

N'COBRA NEEDS YOUR SUPPORT NOW

Please become a member or renew your membership and send a donation today

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, Kemetic 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
Additional fees may be assessed at the local chapter level

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): _____