

# BLOCK BY BLOCK ORGANIZING NETWORK



Web site: <http://bbbon.net>

Date:

## Member Information

<b>Name *</b>		<b>E-Mail Address *</b>	
<b>Street Address</b>		<b>Home Phone</b>	
<b>City, State, ZIP</b>		<b>Mobile Phone</b>	
<b>Council District</b>		<b>Neighborhood</b>	

### Membership Contribution

Please select your **Block by Block** support level

- \$25 Active Member Annual Contribution  
 \$100 Associate Member Annual Contribution

Make checks payable to *Block by Block Organizing Network*.

Send to BBBON, 2624 Fruitvale Ave, Oakland, CA 94601-2024

Membership will be confirmed on receipt of contribution.

### Issues

Four major issues were identified as most important to Oakland residents. Please tell us in which area you are interested in becoming an active participant.

- |   |  |
|---|--|
| <input type="checkbox"/> Youth and Education          | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Jobs/Economic Development    | <input type="checkbox"/> Housing       |
| <input type="checkbox"/> Other (Please specify) _____ |  |

### Volunteer Opportunities

Please tell us in which areas you are interested in volunteering.

- |  |   |
|--|---|
| <input type="checkbox"/> Administration and office     | <input type="checkbox"/> Publicity, media, web site content |
| <input type="checkbox"/> Data Management               | <input type="checkbox"/> Membership                         |
| <input type="checkbox"/> Event planning and staffing   | <input type="checkbox"/> Outreach                           |
| <input type="checkbox"/> Fundraising                   | <input type="checkbox"/> Training                           |
| <input type="checkbox"/> Political Action              | <input type="checkbox"/> Volunteer Coordination             |
| <input type="checkbox"/> Other (Please describe) _____ |   |

### Affiliations

We strive to network with other community organizations. Please share the names of other groups/organizations with which you are involved.

- 1.
- 2.
- 3.
- 4.

\* Required in order to submit form