



**COAL Membership Application-Individual**

**Contact Information**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*(Please attach a resume or brief work history)*

**Background Information** *(you may attach a document or fill in below)*

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Please describe how your participation in COAL will be beneficial.

What have you done in your professional, academic, or personal life to demonstrate commitment to the African-American community?

Please describe specifically how you can assist COAL in executing its mission:

I understand the mission and goals of COAL and also understand that membership is granted to individuals or organizations who support COAL's mission.

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

I certify that all information submitted is true and honestly presented.